

CONTRACT ROUTING SHEET

Date Submitted: 4/5/18

Date Needed: 4/20/18

PROCESSING DEPARTMENT:

Department: CDS/Environmental Mgmt.

Dept. Contact: Tom Meyer

Phone #: 6664

Department: _____

Head Signature: 

CONTRACTOR:

Name: CalRecycle

Address: 1001 I Street

Sacramento, CA 95814

Phone: 916-322-4027

CONTRACTING DEPARTMENT: CDS/Environmental Management

Service Requested: Review and Approve Used Oil Payment Program Guidelines for Cycle 8 (OPP8), Fiscal Year 2017-18

Contract Term: 24 Months Contract Amount: \$52,268

Compliance with Human Resources requirements? Yes: Yes No: _____

Compliance verified by: N/A - Payment Program

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 4/11/18 By: Bre Moebius

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved as to form.

EL DORADO COUNTY COUNSEL
2018 APR -6 AM 7:40

PLEASE DO NOT ROUTE TO RISK - NO INSURANCE REQUIREMENTS IN GRANT AGREEMENT.

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE RETURN TO ENVIRONMENTAL MGMT. UPON APPROVAL.