


CONTRACT ROUTING SHEET

Date Prepared: 2/1/18

Need Date: 2/2/18

PROCESSING DEPARTMENT:

Department: AQMD
Dept. Contact: Dave Johnston
Phone #: 7578
Department
Head Signature: 

CONTRACTOR:

Name: EDC Chamber of Commerce
Address: 542 Main Street
Placerville, CA
Phone: 530-621-5885

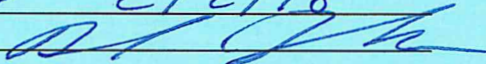
CONTRACTING DEPARTMENT: AQMD

Service Requested: Contract Amendment Review
Contract Term: 3/8/16 - 2/28/19 Contract Value: \$151,000.00
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: NA - funding agreement

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

Approved: ✓ Disapproved: _____ Date: 2/2/18 By: Bre Moebius
Approved: _____ Disapproved: _____ Date: _____ By: _____

one edit sent via email.

Requested edit incorporated 2/2/18


PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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: _____