

CONTRACT ROUTING SHEET

Date Prepared: 4/3/2019

Need Date: 4/12/2019

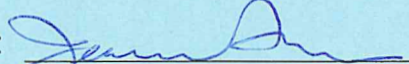
PROCESSING DEPARTMENT:

Department: Library

Dept. Contact: Jeanne Amos

Phone #: X5546

Department

Head Signature: 

CONTRACTOR:

Name: SirsiDynix

Address: 3300 N. Ashton Blve. Suite 500

Lehi, UT 84043

Phone: _____

CONTRACTING DEPARTMENT: Library

Service Requested: Review of Amendment I to Master Agreement

Contract Term: 1/29/2019 – 1/28/2024 Contract Value: \$341,619

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

Compliance verified by: M. King 4/11/19

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

Approved: ✓ Disapproved: _____ Date: 4/8/19 By: ADS

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

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 4/10/19 By: _____

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

EL DORADO COUNTY COUNSEL
2019 APR -4 PM 3:09

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

Departments: IT

Approved: ✓ Disapproved: _____ Date: 4/17/19 By: [Signature]

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