

CONTRACT ROUTING SHEET

Date Prepared: 10/14/15

Need Date: 11/02/2015

PROCESSING DEPARTMENT:

Department: Purchasing

Dept. Contact: Rick Blake *RB*

Phone #: (530)621-5873

Department: _____

Head Signature: _____ *[Signature]*

CONTRACTOR:

Name: State of California

Address: 707 Third Street, 2nd Floor,

MS201

West Sacramento, CA 95605

Phone: 916-375-4451

Fax: 916-375-4613

CONTRACTING DEPARTMENT: Transportation

Service Requested: Approval to Piggyback off of State Contract #1-12-23-14B Extension

Contract Term: Through 06/29/2017 Contract Value: TBD

Compliance with Human Resources requirements? Yes: N/A No: _____

Compliance verified by: _____

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

Approved: ✓ Form Only Disapproved: _____ Date: 10/21/15 By: D. [Signature]

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

EL DORADO COUNTY COUNSEL
2015 OCT 15 AM 7:59

- STATE-MANDATED FORM -

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 10/23/15 By: [Signature]

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

nothing for risk

OCT 22 AM 2:37

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

Departments: _____

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

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