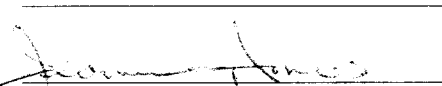


CONTRACT ROUTING SHEET

Date Prepared: 12/9/2010

Need Date: 12/14/2010

PROCESSING DEPARTMENT:

Department: Library
Dept. Contact: Jeanne Amos
Phone #: 5546
Department
Head Signature: 

CONTRACTOR:

Name: California State Library
Address: P.O. Box 942837
Sacramento, CA 94237-0001
Phone: _____

CONTRACTING DEPARTMENT: Library

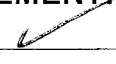

Service Requested: Approval of Notification of Grant Award Agreement
Contract Term: Ends June 30, 2011 Contract Value: NTE \$15,000.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
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: 12/11/10 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: _____