

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08/01/2023

Need Date: 08/15/2023

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Fiscal for Information Technologies

Name: N/A

Dept. Contact: Audra Anderson

Address: _____

Phone: 530-621-5144

Phone: _____

Department Head Signature: Tonya Digiorno Digitally signed by Tonya Digiorno
Date: 2023.08.01 13:46:16 -07'00'

Org Code: 1000000

Project # _____

(if applicable): _____

Funding Source: N/A

CONTRACTING DEPARTMENT: Information Technologies

Service Requested: Review of new Board Policy A-14 - Incident Response Policy

Description: _____

Contract Term: N/A Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 10/30/2023 By: Janeth SanPedro Digitally signed by Janeth SanPedro
Date: 2023.10.30 17:04:56 -07'00'

Approved: Disapproved: Date: _____ By: _____

With edits and comments. -jds

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO: audra.anderson@edcgov.us

Thank you!