

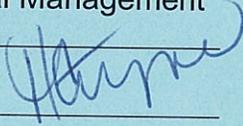
CONTRACT ROUTING SHEET

Date Prepared: 03/08/10

Need Date: 03/17/10

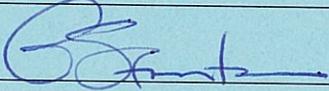
PROCESSING DEPARTMENT:

Department: Environmental Management

Dept. Contact: Hillary Coyne 

Phone #: 530.621.5607

Department: _____

Head Signature: 

CONTRACTOR:

Name: CA State Water Resources Control Board

Address: 1001 I Street, 18th Floor,
Sacramento, CA 95814
Placerville, CA 95667

Phone: 916.341-5826

CONTRACTING DEPARTMENT: 42 – Environmental Management -421310

Service Requested: Review Resolution for EMD to provide to State Water Board services related to Local Oversight Program, and authorize the Director to execute necessary documents related to this grant.

Contract Term: 07/01/10-6/30/11 Contract Value: \$83,000.00

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

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 3/18/10 By: 

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

PLEASE NOTE:

Contract 10-002-250 Approved by Co. Counsel 3/18/10.

EL DORADO COUNTY COUNSEL
APR 17 PM 2:39

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 3/19/10 By: 

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

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

Departments: N/A

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

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

