

Contract #: 07-0144

# CONTRACT ROUTING SHEET

Date Prepared: 09/06/2007

Need Date: 09/21/2007

**PROCESSING DEPARTMENT:**

Department: Agriculture  
Dept. Contact: Myrna Tow  
Phone #: X6647  
Department  
Head Signature: [Signature]

**CONTRACTOR:**

Name: Dept. of Food & Agriculture  
Address: 1220 N Street, Room 115  
Sacramento, CA 95814  
Phone: (916) 654-0808

**CONTRACTING DEPARTMENT:**

Agriculture Weights & Measures

Service Requested: Agreement approval for Pierce's Disease (Glassy-winged Sharpshooter) Control Program

Contract Term: 7/1/07-6/30/10 Contract/Amendment Value: \$270,876.00

Compliance with Human Resources requirements? Yes:  No:

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 9/17/07 By: [Signature]  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT

DATE: 09/10/07  
ATTORNEY: PAULA F.  
DEPT./INDEX NO.: 261000  
BY: [Signature]

Concerned that this contract is retroactive - covering 7/1/07 forward? has any work been done before the K was authorized?

Note - Called Paula - explained contract was received on 8/22. Work in County is on going as Contract with State is re-negotiated annually. OK to forward to PDS per conversation (M)

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

Approved:  Disapproved:  Date: 9/17/07 By: [Signature]  
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: \_\_\_\_\_

2007 SEP - 11 AM  
EL DORADO COUNTY COUNSEL  
[Signature]

RECEIVED  
HUMAN RESOURCES DEPT  
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