

CONTRACT ROUTING SHEET

Date Prepared: 09/09/2008

Need Date: 09/23/2008

PROCESSING DEPARTMENT:

Department: Agriculture
Dept. Contact: Myrna Tow
Phone #: 6647

CONTRACTOR:

Name: Resolution Authorizing
Address: Agricultural Commissioner
to Submit/Execute Grant
Agreements
Phone: (530) 621-5520

Department
Head Signature: *[Signature]*

CONTRACTING DEPARTMENT: Agriculture

Service Requested: Resolution Authorization for submittal of Grant Agreements
Contract Term: N/A Contract/Amendment Value: _____
Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

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

Approved: Disapproved: Date: 9/16 By: *[Signature]*
Approved: Disapproved: Date: _____ By: _____

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

Approved: Disapproved: Date: 9/17/08 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: _____

EL DORADO COUNTY COUNSEL
2008 SEP 10 PM 4:49

RECEIVED
HUMAN RESOURCES DEPT
2008 SEP 16 PM 12:58