

Contract #: _____

CONTRACT ROUTING SHEET

Date Prepared: 04/14/2008

Need Date: 04/21/2008

PROCESSING DEPARTMENT:
 Department: Environmental Mgmt
 Dept. Contact: Kerri Williams
 Phone #: 5309
 Department: _____
 Head Signature: Kerri Silva

CONTRACTOR:
 Name: State of California
 Address: _____
 Phone: _____

CONTRACTING DEPARTMENT: Environmental Management-CHARGE TO 421300
 Service Requested: Local Oversight Program
 Contract Term: One Year 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: 4/17/08 By: [Signature]
 Approved: Disapproved: Date: 5/19/08 By: [Signature]

Need to Complete Form Sheet
Need to fill in Ex B and A 5 with that info
Exceed Amendment consistent w/ Ex B Attachment 1

Resubmitted

Missing Ex C Form assuming same as original. If not I need to wait.

ASSIGNMENT
 4/15/2008
 HUMAN RESOURCES DEPT
 RECEIVED
 HUMAN RESOURCES DEPT
 08 MAY 14 PM 4:43
 ATTORNEY MIKE C
 421300
 REPT. INDEX NO. 1100

RECEIVED
 HUMAN RESOURCES DEPT
 13 AM 9:24
 RECEIVED
 HUMAN RESOURCES DEPT
 2008 APR 14 AM 10:50
 RECEIVED
 HUMAN RESOURCES DEPT
 2008 MAY 14 AM 10:50

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
 Approved: Disapproved: Date: 4/18/08 By: [Signature]
 Approved: Disapproved: Date: 5/15/08 By: [Signature]

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
 Departments: _____
 Approved: Disapproved: Date: _____ By: _____
 Approved: Disapproved: Date: _____ By: _____