

CONTRACT ROUTING SHEET

Date Prepared: Feb. 26, 2015

Need Date: March 4, 2015

PROCESSING DEPARTMENT:

Department: CDA/EMD
Dept. Contact: Gerri Silva
Phone #: X 6653
Department
Head Signature: *Gerri Silva*

CONTRACTOR:

Name: CalRecycle
Address: P.O. Box 4025
Sacramento, CA 95812-4025
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Please review and advise on draft CalRecycle Resolution
Contract Term: Resolution = 5 years Contract Value: _____
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 3/3/2015 By: *J. Smalley*
Approved: _____ Disapproved: _____ Date: _____ By: _____

With changes as noted.
↳ Comments addressed per G. Silva.
C. Schmollinger

EL DORADO COUNTY COUNSEL
2015 FEB 27 AM 11:57

~~PLEASE FORWARD TO RISK MANAGEMENT. THANKS!~~

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

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

PLEASE RETURN TO CDA/EMD UPON APPROVAL. THANK YOU.