


CONTRACT ROUTING SHEET

Date Prepared: 1/13/15

Need Date: Before 1/27/15

PROCESSING DEPARTMENT:

Department: AQMD
Dept. Contact: Dave Johnston
Phone #: X7578
Department
Head Signature: 

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Review of draft Resolution for acceptance of annual Carl Moyer Program grant allotments. Draft revised per Joneth and added section 1/20/15
-oms

Contract Term: _____ Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 1/15/2015 By: J. [Signature]
Approved: Disapproved: _____ Date: 1/21/2015 By: J. [Signature]

EL DORADO COUNTY REGIONAL COUNTY COUNSEL
2015 JAN 20 PM 2:30

PLEASE FORWARD TO RISK MANAGEMENT. THANKS! N/A

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: _____