

Contract #: 003-S1010 A1
Index Code: 531301

CONTRACT ROUTING SHEET

Date Prepared: 7/5/13

Need Date: 7/19/13 HW

PROCESSING DEPARTMENT:

Department: HHSA/CSD
Dept. Contact: Heather Longo
Phone #: X7373

CONTRACTOR:

Name: Ski Air Inc.
Address: 5528 Merchant Cir, Placerville, CA 95667
(Mailing: PO Box 1054 El Dorado, CA 95623)
Phone: 530/626-4010

Department Head Signature: *Janet Walker-Conroy*
Janet Walker-Conroy, M.A.,
Interim Director

CONTRACTING DEPARTMENT: HHSA/Community Services Division

Service Requested: Heating ventilation and air conditioning systems for Low Income Home Energy Assistance Program (LIHEAP)

Contract Term: 7/1/12-6/30/15 Contract/Grant Value: \$90,318.00

Compliance with Human Resources requirements? N/A Yes No

Compliance verified by: Mike Strella 7/2/13

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

Approved: Disapproved: Date: 7/19/2013 By: *K. Markstrom*
Approved: Disapproved: Date: By:

If state or fed. grant money funds this agreement, you need to check original funding agreement to determine if there are continuing modification requirements or certifications/assurances. 7/25/13 HW noted

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: Date: 7/23/2013 By: *[Signature]*
Approved: Disapproved: Date: By:

Please contact Heather Longo x7373 for pick-up. Thank you.

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract)

NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

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