Contract #: 5/1-F131| CONTRACT ROUTING SHEET

Date Prepared:	3/8/13	Need Date:		
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: Library Laura Belko 5544 DEPARTMENT: Library	CONTRA Name: Address: Phone:	CTOR: California State Lib P.O. Box 942837 Sacramento, CA	
	d: To receive a grant from the	e CA State Library	/	Manager 1977
	3/1/2013-8/31/2013			00.00
	Human Resources requiremen	its? Yes:	No:	
Approved:	BEL: (Must approve all contraction of the contracti		<i>26/13</i> By: △ By: △	ELY KEN ELY COUNTY COUNSEL PN 2: 29
	TO RISK MANAGEMENT. THANK ENT: (All contracts and MOU Disapproved: Disapproved:		te grant funding agre	ements)
Departments:	AL: (Specify department(s) pa		ctly affected by this c	contract).
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	

Rev. 12/2000 (GS-GVP)