

CONTRACT ROUTING SHEET

Date Prepared: 08/22/2013

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: Nancy Kennedy *Nancy Kennedy*
Phone #: 621-5658
Department: _____
Head Signature: *John D. [Signature]*

CONTRACTOR:

Name: Covanta Stanislaus, Inc.
Address: P.O. Box 278
Crows Landing, CA 95313
Phone: (916) 686-0510

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Secure waste-to-energy disposal for Non-Hazardous materials for EDSO.
Contract Term: 09/01/13 - 08/31/16 Contract Value: \$30,000.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Las to form Disapproved: _____ Date: 8/27/13 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Note: Mutual Indemnity Provision; Interest on amounts past due

- ① Recommend you change the following.
Section "7": currently governed by the laws of the state of New York -
change to CA, with venue in El Dorado Co
Disposal Facility in Crows Landing CA
- ② Identify County Contract Administrator in contract.
- ③ Refer to Risk Mgt. re. section "5" on pg 2

EL DORADO COUNTY COUNSEL
AUG 28 AM 10:44

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 8.30.13 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
RESOURCES DEPT.
AUG 28 AM 8:07

Rec'd. new CO w/ named insured same as
K.

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

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