## CONTRACT ROUTING SHEET

Department: Chief Administrative Office Dept. Contact: Mike Applegarth Phone #: 5123 Department Head Signature:  CONTRACTING DEPARTMENT: Chief Administrative Office Service Requested: Review of Amendment I to AGM#	Department: Chief Administrative Office Dept. Contact: Mike Applegarth Phone #: 5123 Department Head Signature:  CONTRACTING DEPARTMENT: Chief Administrative Office Service Requested: Review of Amendment I to AGM# \$\frac{1}{2}\$\$\frac{1}{2}	Date Prepared:	May 14, 2012	Need Date	June 1, 2012
Department: Chief Administrative Office Dept. Contact: Mike Applegarth Phone #: 5123 Department Head Signature:  CONTRACTING DEPARTMENT: Chief Administrative Office Service Requested: Review of Amendment I to AGM#	Department: Chief Administrative Office Dept. Contact: Mike Applegarth Phone #: 5123 Department Head Signature:  CONTRACTING DEPARTMENT: Chief Administrative Office Service Requested: Review of Amendment I to AGM# \$\frac{1}{2}\$\$\frac{1}{2}	PROCESSING D	FPARTMENT:	CONTRAC	TOR:
Dept. Contact: Mike Applegarth	Dept. Contact: Mike Applegarth Phone #: 5123 Department Head Signature:  CONTRACTING DEPARTMENT: Chief Administrative Office Service Requested: Review of Amendment I to AGM# 530.647.1700  CONTRACTING DEPARTMENT: Chief Administrative Office Service Requested: Review of Amendment I to AGM# 500.647.1700  Compliance with Human Resources requirements? Yes: No: Compliance verified by: N/A  COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: By: Approved: Disapproved: Date: By:  PLEASE FORWARD TO RISK MANAGEMENT. THANKSI RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agraemients) Approved: Disapproved: Date: By:  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agraemients) Approved: Disapproved: Date: By:  RISK MANAGER IS  RISK MANA				
Phone #: 5123	Phone #: 5123  Department Head Signature:  CONTRACTING DEPARTMENT: Chief Administrative Office Service Requested: Review of Amendment I to AGM# #				
Phone #: 5123 Department Head Signature:  CONTRACTING DEPARTMENT: Chief Administrative Office Service Requested: Review of Amendment I to AGM#	Phone #: 5123	Dept. Contact:	Mike Applegarth	Address:	P. O. Box 1011
Department Head Signature:  CONTRACTING DEPARTMENT: Chief Administrative Office Service Requested: Review of Amendment I to AGM# 155-2011 Contract Term: July 1, 2012 through June30, 2014 Contract Value: \$80,000 Compliance with Human Resources requirements? Yes: No: Compliance verified by: N/A  COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: By:  PLEASE FORWARD TO RISK MANAGEMENT. THANKSI RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Date: By:  RISK MANAGER Disapproved: Date: By:  RISK MANAGER Disapproved: Date: By:  RISK MANAGER DISAPPROVED: By:	Department Head Signature:  CONTRACTING DEPARTMENT: Chief Administrative Office  Service Requested: Review of Amendment I to AGM#			The state of the s	
CONTRACTING DEPARTMENT: Chief Administrative Office  Service Requested: Review of Amendment I to AGM#	CONTRACTING DEPARTMENT: Chief Administrative Office  Service Requested: Review of Amendment I to AGM# 15 1 23 - F 111	Department	11/11/	the state of the s	
Service Requested: Review of Amendment I to AGM####################################	Service Requested: Review of Amendment I to AGM####################################		My		
Service Requested: Review of Amendment I to AGM####################################	Service Requested: Review of Amendment I to AGM####################################				
Service Requested: Review of Amendment I to AGM####################################	Service Requested: Review of Amendment I to AGM####################################	CONTRACTING	DEPARTMENT: Chief Administr	rative Office	
Contract Term: July 1, 2012 through June30, 2014 Contract Value: \$80,000 Compliance with Human Resources requirements? Yes: No: Compliance verified by: N/A  COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: By: By: Date: By: Date: By: By: Date: By: By: Date: By: Date: By: Date: By: By: Date:	Contract Term: July 1, 2012 through June30, 2014 Contract Value: \$80,000 Compliance with Human Resources requirements? Yes: No: Compliance verified by: N/A  COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: By: Approved: Disapproved: Date: By:  PLEASE FORWARD TO RISK MANAGEMENT. THANKSI RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Date: By: Approved: Disapproved: Date: By:  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Date: By:  RISK MANAGER  FIL DORADO COUNTY  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments: Approved: Disapproved: Date: By:				778-51111
Compliance with Human Resources requirements? Yes: No: Compliance verified by: N/A  COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: By: Approved: Disapproved: Date: By:  PLEASE FORWARD TO RISK MANAGEMENT. THANKSI RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agree lients) Approved: Disapproved: Date: By:  RISK MANAGEMENT: Disapproved: Date: By:  RISK MANAGER  RISK MANAGER  RISK MANAGER  RISK MANAGER  RISK MANAGER  FIL DOR ADO COUNTY	Compliance with Human Resources requirements? Yes: No: Compliance verified by: N/A  COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: By: Approved: Disapproved: Date: By:  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:  RISK MANAGER  FIL DORADO COUNTY  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  OTHER APPROVAL: Disapproved: Date: By: Approved: Disapproved: Date: By:				
COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: By: Approved: Disapproved: Date: By:  PLEASE FORWARD TO RISK MANAGEMENT. THANKSI RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Date: By:  RISK MANAGEMENT: Date: By:  Approved: Disapproved: Date: By:  RISK MANAGER  RISK MANAGER  RISK MANAGER  RISK MANAGER  RISK MANAGER  FIL DORADO COUNTY	COUNTY COUNSEL: (Must approve all contracts and MOU's), Approved: Disapproved: Date: By: Approved: Disapproved: Date: By:  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:  RISK MANAGER  FL DORADO COUNTY  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments: Approved: Disapproved: Date: By:  Disapproved: Disapproved: By:  Departments: Approved: Disapproved: Date: By:  Disapproved: Disapproved: By:  Date: By:				
COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: By:	COUNTY COUNSEL: (Must approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: By: Approved: Disapproved: Date: By: By: By: By: By: By: By: By: By: By	The state of the s			
Approved: Disapproved: Date: By: By: Date: By: By: Date: By: Date: By: Date: Date: By: By: Date: By: Date: By: By: By: Date: By: By: By: By: By: By: By: By: By: By	Approved: Disapproved: Date: By: By: Date: By: By: Date: By: By: Date: By: By: Date: Disapproved: Date: Date: Date: Date: Date: By: Date: Da			1140111	
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: 9 By:  Approved: Disapproved: Date: By:  RISK MANAGER  EL DORADO COUNTY	PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  FIL DOR ADO COUNTY  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:				n vol
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: 9 By:  Approved: Disapproved: Date: By:  RISK MANAGER  EL DORADO COUNTY	PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  FIL DOR ADO COUNTY  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:				12 By: 2 819
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  RISK MANAGER  EL DORADO COUNTY	PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  EL DORADO COUNTY  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:	Approved:	Disapproved:	Date:	Ву:
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  RISK MANAGER  EL DORADO COUNTY	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:  COTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:				
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  RISK MANAGER  EL DORADO COUNTY	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:  COTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:				
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  RISK MANAGER  EL DORADO COUNTY	PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  EL DORADO COUNTY  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:				
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  RISK MANAGER  EL DORADO COUNTY	PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  EL DORADO COUNTY  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:				
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  RISK MANAGER  EL DORADO COUNTY	PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  EL DORADO COUNTY  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:				
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  EL DORADO COUNTY	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:  RISK MANAGER  FIL DORADO COUNTY  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:		Letter and All Mark State and All London State and All London		2 E
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  EL DORADO COUNTY  BY:  RISK MANAGER  EL DORADO COUNTY	PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  RISK MANAGER  RISK MANAGER  FL DORADO COUNTY  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:				112
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  FIL DORADO COUNTY  BY:  RISK MANAGER  FIL DORADO COUNTY	PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  FL DORADO COUNTY  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:				in in
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  RISK MANAGER  FL DORADO COUNTY	PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  RISK MANAGER  FIL DORADO COUNT  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:				
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  RISK MANAGER  EL DORADO COUNTY	RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: By:  RISK MANAGER  RISK MANAGER  EL DORADO COUNTY  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:				5 0
Approved: Disapproved: Date: 5'\\ Approved: Disapproved: Date: 5'\\ Disapproved: Date: Date: By: RISK MANAGER STATE OF THE DORADO COUNTY STATE OF THE DORADO	Approved: Disapproved: Date: By: RISK MANAGER NOTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Disapproved: By: Date: By: Disapproved: Date: By: Disapproved: By: Date: By: Disapproved: Date: By: Disapproved: Date: By: Date: Date: By: Date: Date: By: Date: Date: Date: By: Date:	PLEASE FORWARD	TO RISK MANAGEMENT. THANKS!		
Approved: Disapproved: Date: By: RISK MANAGER EL DORADO COUNTY	Approved: Disapproved: Date: By:  RISK MANAGER  FL DORADO COUNTY  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:			1 1 61	T
RISK MANAGER SEL DORADO COUNTY	RISK MANAGER  FL DORADO COUNTY  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:				
EL DORADO COUNTY	OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved:  Disapproved:  Disapproved:  Date:  By:  Approved:  Disapproved:  Date:  By:	Approved:	Disapproved:	Date:	
Y REPORT OF THE PROPERTY OF TH	OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:				
	OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved:  Disapproved:  Date:  Disapproved:  Date:  By:  Approved:  Disapproved:  Date:				
	OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved:  Disapproved:  Date:  Disapproved:  Date:  By:  Approved:  Disapproved:  Date:				
	OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: By:				a cra
	OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: By:	7			<b>₹</b> 700
	OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: By:	Walter and safe			<b>W</b> (3)
OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).	Approved: Disapproved: Date: By: Approved: Disapproved: Date: By:		AL: (Specify department(s) partic	ipating or direct	
	Approved: Disapproved: Date: By:		Disapproved	Date:	Rve
Approved Disapproved Date By	42 0004 D 4	Approved.	Disapproved.	Date.	Бу.
	12-U001 B 1				12-0661 B 1

## AGREEMENT FOR SERVICES #228-F1111 AMENDMENT I

This Amendment I to Agreement for Services #228-F1111, made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and the El Dorado County Fire Safe Council;

## RECITALS

WHEREAS, on September 20, 2010 the Board of Supervisors of the County of El Dorado directed that \$80,000 of Title III funds from the Secure Rural Schools and Community Self Determination Act (Public Law 110-343) be given to the El Dorado County Fire Safe Council; and

WHEREAS, the County provided said funds to the El Dorado County Fire Safe Council through Agreement for Services #228-F1111 for the purpose of funding fire prevention and planning projects as described in Title III of Public Law 110-343; and

WHEREAS, the El Dorado County Fire Safe Council anticipates that it will have unspent funds provided under Agreement #228-F1111 as of the Agreement expiration date of June 30, 2012;

**NOW THEREFORE**, the County and the El Dorado County Fire Safe Council do hereby agree that Agreement for Services #228-F1111 shall be amended as follows:

## **ARTICLE III**

Term: This Agreement shall become effective when fully executed by both parties and shall cover the term of July 1, 2012 through June 30, 2014.

Except as herein amended, all other parts and sections of that Agreement for Services #228-F1111 shall remain unchanged and in full force and effect.

//		
//		
//		
//		
//		

1 of 2

Requesting Department Concurrence:	
By: Dated:	5/15/12
Chief Administrative Officer	
IN WITNESS WHEREOF, the parties hereto Agreement for Services #228-F1111 on the dates	
COUNTY OF	EL DORADO
	Dated:
	By:
	Chairman Board of Supervisors "County"
ATTEST: Terri Daly, Interim Clerk of the Board of Supervisors	
By: Dated:	
EL DORADO COUNTY	FIRE SAFE COUNCIL
	Dated: 5-31-12
	By: Rechard Kirch
	Richard Krek, Chairman El Dorado County Fire Safe Council