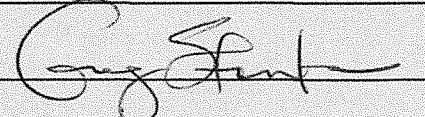


CONTRACT ROUTING SHEET

Date Prepared: April 29, 2015

Need Date: May 11, 2015

PROCESSING DEPARTMENT:

Department: CDA/EMD
Dept. Contact: Greg Stanton
Phone #: x. 6658
Department
Head Signature: 

CONTRACTOR:

Name: CalRecycle – TEA Grant
Address: P.O. Box 4025, MS13A
Sacramento, CA 95812
Phone: _____

CONTRACTING DEPARTMENT: CDA – Environmental Management Division

Service Requested: Review and Approve "Grant Agreement Cover Sheet"
Contract Term: 6/30/2015 thru 9/30/2016 Grant Value: \$26,000
Compliance with Human Resources requirements? Yes: _____ No: X
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 5/1/2015 By: J. Surratt
Approved: _____ Disapproved: _____ Date: _____ By: _____
*EL DORADO COUNTY COUNSEL
2015 MAY 30 AM 9:08*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 5/1/15 By: Czyj
Approved: _____ Disapproved: _____ Date: _____ By: _____
Nothing for Risk

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
*15 MAY - 5 AM 5
RECEIVED
COUNCILS DEPT.*

PLEASE RETURN TO CDA/EMD UPON APPROVAL. THANK YOU.