## CONTRACT ROUTING SHEET

Date Prepared:	10/2/13		Need Dat	te: 10/	11/13		<u> </u>
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: CDA for AQMD Michele Weimer 5670		CONTRA Name: Address: Phone:			nty Chambe	er
Contract Term: _	d: Funding for the SFA 2 years Human Resources require	Cont		t - Amen ndment Va			
Approved: Approved: Approved:	EL: (Must approve all conditions of the Disapproved:  Disa	ontracts and Date: Date:	MOU's)	<u>/3</u> By:	J. Su	Palm3 MI 8: 37	EL DORADO COUNTY COUNSEL
RISK MANAGEM Approved:  Approved:	ENT: (All contracts and Disapproved:	MOU's excep Date: 10 Date:	ot boilerpla		unding a	greements)	HUMAN RESOURCES DEPT.
OTHER APPROV Departments: Approved:	AL: (Specify departmen  Disapproved:  Disapproved:	Date:	ting or dire	ectly affective By:	ted by th	is contract).	