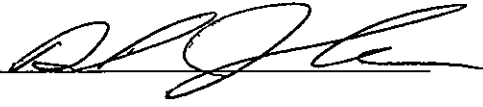


CONTRACT ROUTING SHEET

Date Prepared: 10/6/14Need Date: 11/1/14**PROCESSING DEPARTMENT:**

Department: AQMD
 Dept. Contact: Dave Johnston
 Phone #: 7578
 Department
 Head Signature: 

CONTRACTOR:

Name: SMAQMD
 Address: 777 12th St., Suite #300
Sacramento, CA 95814
 Phone: 916-874-4800

CONTRACTING DEPARTMENT: SAAService Requested: Education OutreachContract Term: 1 year through June 30, 2015 Contract Value: \$6,218.88

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 10/10/14 By: J. Sun
 Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
 2014 OCT -6 PM 4 15

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 10/13/14 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____

nothing for Risk

HUMAN RESOURCES DEPT.
 14 OCT 13 AM 9:42

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

Departments: _____

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

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