Contract	4.
Contract	#.

## CONTRACT ROUTING SHEET

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).	Date Prepared:	07/08/2008		Need Dat	e: ASAP		
Dept. Contact:   Laura Schwartz   6541   Placerville, CA 95667   Placerville,					El Dorado		
Department Head Signature:				Address:	100 Forni	Road, Suit	e A
Service Requested: Erosion and sediment control and watershed management  Contract Term: 12 months  Contract/Amendment Value: \$77,539.50;  Compliance with Human Resources requirements? Yes: No: Formula value: \$77,539.50;  Compliance verified by:  COUNTY COUNSEL: (Must approve all contracts and MOU's)  Approved: Disapproved: Date: By:  Disapproved: Disapproved: Date: By:  Contract/Amendment Value: \$77,539.50;  No: Formula the sequence of the s		A		Phone:	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	5630	NUO COUNT
Contract Term: 12 months							- X 1
Compliance with Human Resources requirements?  Compliance verified by:  COUNTY COUNSEL: (Must approve all contracts and MOU's)  Approved: Disapproved: Date: #8/8/8 By:			nent control	and waters	dment Value	sement 9	*
Approved: Disapproved: Date: All Solutions By:	Compliance with	Human Resources requi	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I		-		
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: 7/8/08/By: Disapproved: Disapproved: Date: By:  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).	Approved:	Disapproved:	Date:			(m)	
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  Approved: Disapproved: Date: 2/8/08 By: Disapproved: Date: By:  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).	303	Land Thinal	Elan. Fo	O lang	there ch	ITA larges one	passed wit inin
Approved: Disapproved: Date: 7/8/08 By: By: By: Disapproved: Date: Date: Date: By: Disapproved: Date: Date: By: Date: Date: Date: By: Date: Date: Date: Date: Date: Date: Date: By: Date:	TORNEY W	9/4 Una	the de				
OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).	Approved:	Disapproved:	Date:		8 By: (	1 1 11	AH RESOURCE
	OTHER APPRO	VAL: (Specify departme	nt(s) participa	ating or dire	ctly affected	by this cor	DE 91
Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:	Departments: Approved:	Disapproved:	Date:		By:		