

CONTRACT ROUTING SHEET

Date Prepared: 11/14/2016

Need Date: _____

PROCESSING DEPARTMENT:Department: Air QualityDept. Contact: Dave JohnstonPhone #: 7578

Department _____

Head Signature: **CONTRACTOR:**

Name: _____

Address: _____

Phone: _____

CONTRACTING DEPARTMENT:Service Requested: CC Review of Reasonably Available Control Techniques (RACT) ResolutionContract Term: _____ Contract Value: \$0.00

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

Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)Approved: X Disapproved: _____ Date: 11/17/16 By: Bre Moebius

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

Please see edits on drafts.

EDITS INCORPORATED



PLEASE FORWARD TO RISK MANAGEMENT. THANKS! N/A**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

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

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

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

Departments: _____

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

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