

Counsel please include this information in your billing description.	>		
	>	Index Code: 424100	Charge To #:
	>	<u>Description:</u> CalRecycle Local Government Waste Tire Amnesty Grant Program (TA4)	

## CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: \_\_\_\_\_  
 Dept. Contact: \_\_\_\_\_  
 Phone: Environmental Management  
 Department Head: Greg Stanton  
X6658

**CONTRACTOR:**

Name: State of California, Department of Resources Recycling and Recovery (CalRecycle)  
 Address: 1001 I Street Sacramento, CA 95814  
 Phone: (916) 322-4027

Signature: 

**CONTRACTING DEPARTMENT:** CDS – Environmental Management Department

Service Requested of Counsel/Risk: Review & Approve

Contract Term: July 1, 2017 through August 30, 2019 Contract Amount: \$ 89,812.00  
 Compliance with Human Resources Requirements? Yes: NA No: \_\_\_\_\_  
 Compliance verified by: Contract Notification Sent NA HR Response Received \_\_\_\_\_

**COUNTY COUNSEL:** (must approve all contracts and MOUs)

Approved: X Disapproved: \_\_\_\_\_ Date: 8/30/17 By: Bre Moebius  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved as to form.

See comments on draft.

Comments noted / addressed. TEM

**Please forward to Risk Management upon approval.**

**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 8-31-17 By: NO  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

NOTHING FOR RISK

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

Department(s): \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

CALIFORNIA COUNTY COUNSEL  
 2017 AUG 23 PM 2:10