|  |   |  |             | The same of the same of |       |                               |  |
|--|---|--|-------------|-------------------------|-------|-------------------------------|--|
| Counsel please include this information in your billing description. |   | -17-54761  | Legistar #: | N/A                     |       | P&C #: <b>264-O1811</b>       |  |
|  |   | Index Code: 421200   | Project #:  | No Charg                | ge (  | Charge To #: No Charge        |  |
|  |   | Project Reimbursement for Hazardous Materials Inspection Services Description: |             |                         |       |                               |  |
| CONTRACT ROUTING SHEET   |   |  |             |                         |       |                               |  |
| PROCESSING DEPARTMENT:   |   |  |             |                         | CONTR | ACTOR:                        |  |
| Department:  | ( | Community Development  | Agency      |                         | Name: | El Dorado Irrigation District |  |

|   |   | CONTRACTOR                            |  |  |  |  |  |
|---|---|---------------------------------------|--|--|--|--|--|
| PROCESSING D  |   | CONTRACTOR:                           |  |  |  |  |  |
| Department:   | Community Development Agency                                  | Name: El Dorado Irrigation District   |  |  |  |  |  |
| Division:   | Admin & Finance   | Address: 2890 Mosquito Road           |  |  |  |  |  |
| Dept Contact:   | Ashley Johnson  | Placerville, CA 95667                 |  |  |  |  |  |
| Phone:  | x5974   | Phone: (530) 622-4513                 |  |  |  |  |  |
| Authorized Signat                                     |   |                                       |  |  |  |  |  |
|   | Sandra Ewert Sr. Department Analyst Contracts and Procurement | Date Submitted: 10/12/2017            |  |  |  |  |  |
| CONTRACTING   | DEPT: CDA   | Date Needed: 10/26/2017               |  |  |  |  |  |
| Service Requeste                                      | ed: Review & Approve  | Funding Sources: N/A- Reimbursement   |  |  |  |  |  |
| Contract Term:  | 3 Years   | Agreement                             |  |  |  |  |  |
| Contract/Amendm                                       | nent Amount: \$0.00   |                                       |  |  |  |  |  |
| Compliance with I                                     | Human Resources Requirements: Yes:                            | No: X                                 |  |  |  |  |  |
| Compliance verific                                    | ed by: Contract Notification Sent:                            | HR Response Received:                 |  |  |  |  |  |
| O :-  | Ok Per: N/A -   |                                       |  |  |  |  |  |
| COUNTY COUNSEL: (must approve all contracts and MOUs) |   |                                       |  |  |  |  |  |
| Approved: X   | Disapproved: Date   | e: 1/9/17 By: Bre Muebles             |  |  |  |  |  |
| Approved: 💢   | Disapproved: Date   | =: 11/22/17 By: Bre Moesquis          |  |  |  |  |  |
| AON NO  |   | - 0                                   |  |  |  |  |  |
| 11/0 917  | Please see ears and   | N C                                   |  |  |  |  |  |
|   | On draft Held while   | comments to hear                      |  |  |  |  |  |
|   | from EID.   |                                       |  |  |  |  |  |
|   | Charges wad as noted  | 1 A MISIT 5 M                         |  |  |  |  |  |
|   | The grown was   |                                       |  |  |  |  |  |
|   | 11/22/17- New languag   | eledits attiched                      |  |  |  |  |  |
| Please forward t                                      | o Transportation upon approval.                               | conversations with EID.               |  |  |  |  |  |
| RISK MANAGEN  | IENT: (All contracts and MOUs except boile                    | rplate grant funding agreements       |  |  |  |  |  |
| Approved:   | Disapproved: Date   | e: 1/-14-17 By: 18                    |  |  |  |  |  |
| Approved:   |   |                                       |  |  |  |  |  |
|   |   | Amg to Prit re: W. Regs.              |  |  |  |  |  |
|   |   |                                       |  |  |  |  |  |
|   |   |                                       |  |  |  |  |  |
|   |   | PM12:04 HR/RM NOV 13'17               |  |  |  |  |  |
| OTHER APPROV  | /AL: (Specify department(s) participating o                   | r directly affected by this contract) |  |  |  |  |  |
| Approved:   | Disapproved: Date   | e: By:                                |  |  |  |  |  |
| Approved:   |   | e: By:                                |  |  |  |  |  |
| gi-ley-frances  |   |                                       |  |  |  |  |  |
|   |   |                                       |  |  |  |  |  |