Contract #: Resolution

## CONTRACT ROUTING SHEET

Date Prepared:	Need Date: 11/25/2008
PROCESSING DEPARTMENT: Department: Environmental Mgmt	CONTRACTOR:  Name: Resolution Authorizing
Dept. Contact: Linda Milligin Phone #: 6668	Address:
Department Department	Phone:
Head Signature:	Notice.
CONTRACTING DEPARTMENT: EMD - PIE	ease charge to 424100
Service Requested: Review of Resolution Author the CIWMB	rization for submital of Grant Agreement for
Contract Term: N/A C	ontract/Amendment Value:
Compliance with Human Resources requirements?  Compliance verified by:	Yes: No: No:
Approved: Disapproved: Date:  Approved: Disapproved: Date:	nd MOU's)  ///23/08 By: By:
RISK MANAGEMENT: (All contracts and MOU's exc Approved: Disapproved: Date: Disapproved: Date:	cept boilerplate grant funding agreements)  By:  By:
OTHER APPROVAL: (Specify department(s) particip Departments:	pating or directly affected by this contract).
Approved: Disapproved: Date:	By: