Contract #: N/A - Resolution

## CONTRACT ROUTING SHEET

| Date Prepared:   | 7/13/18                             | Need Date: For 7/24/18 Board |   |
|--|-------------------------------------|------------------------------|---|
| PROCESSING DEPARTMENT:   |                                     | CONTRACTOR:                  | Bugun   |
| Department:  | Air Quality Management District     | Name: N/A                    | nuoni   |
| Dept. Contact:<br>Phone #:   | Dave Johnston<br>X7578              | Address:                     |   |
| Department   | 0111                                | Phone:                       |   |
| Head Signature:  | Mylu                                | 7/13/18                      |   |
| CONTRACTING DEPARTMENT:  |                                     |                              |   |
| Service Requested: Review and Approve Resolution for Legistar 18-1097  |                                     |                              |   |
| Contract Term: 1   |                                     | Contract Value:              | \$0.00  |
| Compliance with I  | Human Resources requirements ed by: | ? Yes:                       | No:   |
| COUNTY COUNSEL: (Must approve all contracts and MOU's)   |                                     |                              |   |
| Approved:  | Disapproved:                        | _ Date:                      | By: Atyley     lay  |
| Approved:  | Disapproved:                        | _ Date:/                     | By:   |
| - Appara a   | s revised.                          |                              | N F   |
|  |                                     |                              | O D D R   |
|  |                                     |                              | 90  |
| to the second  |                                     |                              | <del>- 2</del> <del>2</del> <del>2</del> <del>2</del> <del>2</del> <del>2</del> <del>2</del> <del>2</del> <del>2</del> <del>2</del> |
|  |                                     |                              | H TY  |
|  |                                     |                              |   |
|  |                                     |                              | 0 N   |
| AND INCHES   |                                     |                              | 3 5 5 5 5   |
| PLEASE RETURN TO DEPARTMENT AFTER REVIEW  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) |                                     |                              |   |
| Approved:  | Disapproved:                        | Date:                        | nding agreements) 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:   |
|  |                                     |                              |   |