

CONTRACT ROUTING SHEET

Date Prepared: 4/29/19
~~4/16/19~~

Need Date: 4/29/19 5/10/19

PROCESSING DEPARTMENT:

Department: AQMD
Dept. Contact: Adam Baughman
Phone #: X 7571
Department
Head Signature: [Signature]

CONTRACTOR:

Name: n/a
Address: _____
Phone: 4/10/19

CONTRACTING DEPARTMENT: AQMD

Service Requested: Review of revised Rule 523-1, staff report, and resolution
Contract Term: n/a Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: _____ Date: 5/9/2016 By: JDS
Approved: _____ Disapproved: _____ Date: _____ By: _____

Minor edits.

ALL EDITS INCORPORATED

[Signature]

5/13/19

EL DORADO COUNTY COUNSEL
2019 APR 30 AM 7:40

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: X Disapproved: _____ Date: 5/9/19 By: [Signature]
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: _____