Agreement # \_4018 - Amendment # \_I

Date Prepared:	9/16/19	Need Date	
PROCESSING DEPARTMENT: CAO-Procurement and		CONTRACTOR:	
Department: Dept. Contact: Phone: Department Head Signature:	Contracts Kady Leitner x5150	Name: Address: Phone:	El Dorado Community Foundation 312 Main Street, Suite 201 Placerville, CA 95667 530.622.5621
	Kady Letrer Sr. Department Analyst	Org Code:	0200000
CONTRACTING I Service Requeste Contract Term: _1	d: Review & Approve	Contract Valu	e: \$1,500
Approved:	EL: (must approve all contra Disapproved: Disapproved:		6/19 By: D.L.WIJUSTON # By:
IR APPROVAL:	COUNSEL PLEASE FORWA Oppwer N/A – Funding Agreement	BD TO RISK MANAG	EMENT TIPANKS!
pproved:	Disapproved: Disapproved:	Date: Date:	By: <u>By: Markut A</u>
(Juncing	agreenont frevior	why apprec	S/19 with Indemnity only
OTHER APPROV Departments:	AL: (Specify department(s)	participating or dir	ectly affected by this contract).
Approved:	Disapproved: Disapproved:	Date: Date:	By: By:

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