

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/03/2020

Need Date: 11/17/2020

**PROCESSING DEPARTMENT:**

Department: Information Technologies  
Dept. Contact: Tonya Digiorno  
Phone: 530-621-5575  
Department  
Head Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: \_\_\_\_\_  
Project #  
(if applicable): \_\_\_\_\_  
Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** \_\_\_\_\_

Service Requested: Please review and provide input to the A-19 Network Usage Policy

Description: Policy Review

Contract Term: N/A Contract Value: \$ 0.00

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

Approved:  Disapproved:  Date: 11/18/2020 By: Janeth SanPedro  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Digitally signed by Janeth SanPedro  
Date: 2020.11.18 18:15:33 -0800

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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL SIGNED DOCUMENT TO:** Tonya.Digiorno@edcgov.us

**Thank you!**