## CONTRACT ROUTING SHEET



Need Date:
CONTRACTOR:
Name: Resolution Authorizing Environmental Management Director to Submit/Execute Grant Agreement for the Ca Integrated Waste Mgmt Board
Address:
Phone:
Department

Head Signature:
Linda Milligin
6668
gee i io l

CONTRACTING DEPARTMENT:
EMD - Please charge to 424100
Service Requested: Review of Resolution Authorization for submittal of Grant Agreement for the CIWMB
Contract Term: N/A
Contract/Amendment Value:
Compliance with Human Resources requirements?
Yes:
No:
Compliance verified by: $\qquad$
Approved:


Disapproved:
$\square$ Date:
$\qquad$ By:


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

| Approved: $\square$ Disapproved: $\square$ | Date: |
| :--- | :--- | :--- | :--- |
| Approved: |  |
| $\square$ | Disapproved: |
| $\square$ | Date: |
|  | $\mathrm{By}:$ |

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments:
Approved: $\square$ Disapproved: $\square$ Date: By:

