

AB 92 DROUGHT EXEMPTION REQUEST FOR STATE CONTRACTS

Request Date: _____ Request Number: _____

Department Org Code: _____ Department Name: _____

Contractor Name: _____ Contract
Amount/Duration: _____

A. Type of drought-related activity:

- Addressing impacts on human health and safety, including providing or improving availability of food, water, or shelter.
- Addressing impacts on fish and wildlife resources.
- Providing water to persons or communities affected by the drought.
- Providing equipment and services necessary for emergency response related to tree mortality.

B. Brief description of the equipment or services the contract will provide:

C. Explanation on how the contract will assist in drought-response activities:

D. Explanation of the amount of time a competitive bid process for the contract would take:

Contact Person: _____ Telephone Number: () - ext. _____
(type or print)

E. Signature:

As department director, or his or her designee, I certify that the above requested action and supporting information is true and accurate.

Department	Agency	Department of Finance
<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>_____ Director/Date</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>_____ Agency Secretary/Date</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>_____ Program Budget Manager/Date</p>

If this request is approved by the Department of Finance, the requesting department must email a copy of this form to lynda.gledhill@govops.ca.gov for posting on the drought website.