DGS
GENERAL SERVICES

MEMORANDUM

Date: February 5, 2014

To: Scott Morgan
Governor's Office, Planning & Research (OPR)

From: **Department of General Services**
State Administrative Manual (SAM) Unit

Subject: **REVIEW OF PROPOSED SAM REVISION #425 FOR MARCH 2014**

SAM Chapter 900 is scheduled for publication in the upcoming SAM revision package #425 for March 2014.

Please review the attached SAM pages to insure that this revision is correctly incorporated into SAM.

Indicate approval by inserting your signature below and returning this memorandum electronically no later than Friday, February 14, 2014.

If you have any questions or concerns, please contact me at 916-376-1862. Thank you for your cooperation.

Isaac Clark III
SAM Consultant
SAM Unit
Isaac.clark@dgs.ca.gov

Scott Morgan

APPROVAL SIGNATURE

2/10/14

DATE

Attachments:

STATE OF CALIFORNIA
SAM AUTHOR REVISION CHECKLIST
GS 237 (Rev. 12/2013)

DEPARTMENT OF GENERAL SERVICES
OFFICE OF STRATEGIC PLANNING, POLICY, AND RESEARCH

General Instructions and Information

State Administrative Manual (SAM) revisions include additions, deletions, or any changes to the SAM. Please attach this completed checklist to the front of the requested SAM revisions.

Mark all revisions clearly **on a copy of the SAM page(s) provided to you by the SAM Unit.** For lengthy revisions to text or images, mark the SAM pages where the revision is to occur and attach the revised text or image to the SAM pages.

After the revisions are approved by the authorized individuals, complete and scan this checklist and email (with the revisions attached) to SAMUnit@dgs.ca.gov.

For questions regarding the SAM revision process contact the SAM Unit.

ITEM	YES (X)	NO (X)	N/A (X)
1. Are the requested revisions clearly marked with RED for additions and strike-through lines for deletions?	X		
2. Are deletions and additions clearly noted as such? (Not necessary for chapter rewrites.)	X		
3. Has all the text been reviewed to determine if other revisions are required (e.g., spelling, grammar, rewording for clarification, etc.)?	X		
4. Have all cross-references been checked (e.g., other SAM sections, codes, regulations, statutes)? (Check the references in the impacted sections.)	X		
5. Have all impacted SAM authors and impacted state agencies approved the revisions? Provide the name and phone numbers of impacted authors in the "COMMENTS" section below so they may be contacted by SAM Unit staff. (SAM Section 0030 contains telephone numbers of contacts who can direct you to the appropriate author.)			X
6. Are any forms affected (i.e., substituted, revised, discontinued)? If yes, attach copies of the new forms to the revision package.	X		
7. If any Standard (STD.) or General Services (GS) forms are affected, has the Department of General Services (DGS) Forms Management Center processed the form revision? (STD. and GS forms are not revised via the SAM revision process.)			X
8. Are revisions necessary to the Subject Index? If yes, submit the relevant Subject Index pages with the revisions clearly marked.			
9. Does the Chapter Index reflect the revisions? If not, please clearly indicate necessary revisions on a copy of the Chapter Index and submit it with the package.		X	
10. Have you indicated after the section title whether the section is new, revised, or renumbered? (If renumbered, include the former numbers.)			X
11. Has your agency's legal office reviewed and approved the revisions?			
12. Does this revision come from a particular Management Memo? If yes, give the memo number in the "COMMENTS" section below.		X	
13. Have you written and attached a **brief** summary of **all** your revisions? (Not necessary for chapter rewrites.)	X		
14. **If you are a Department of General Services division or office:** a. Has the revision been processed for approval through the DGS Executive Office, DGS Office of Legal Services, your deputy director, and impacted DGS offices?			X
b. If this revision impacts the working conditions of employees, has the DGS Labor Relations Section reviewed this revision?			X
15. LIST REVISED SAM SECTIONS			

COMMENTS:

Sec 0911 ??#5
Delete All reference to assigning a number for grant applications.

Please complete the following to indicate that your revisions are approved for publication in a SAM revision package.

AUTHOR'S (or CONTACT'S) AGENCY (Print)	AUTHOR'S (or CONTACT'S) NAME and TITLE (Print)	TELEPHONE NUMBER
Sheila Brown	Sheila Brown Grant Coordinator	916, 323-7482

Author's Approval Signature	Date	Division or Office Chief's Approval Signature	Date
[signature]	2/10/14	[signature]	2/10/14