


# CONTRACT ROUTING SHEET

#4018

Date Prepared: 5/10/19

Need Date: 5/17/19

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Jennifer Franich  
Phone #: x7539  
Department  
Head Signature: 


**CONTRACTOR:**

Name: Tahoe Home Connection  
Address: PO Box 9923  
South Lake Tahoe, CA 96158  
Phone: 530-545-3214

**CONTRACTING DEPARTMENT:** CAO

Service Requested: Review funding agreement  
Contract Term: n/a Contract Value: \$1,500 n/a  
Compliance with Human Resources requirements? Yes: n/a No: n/a  
Compliance verified by: n/a

**COUNTY COUNSEL:** (Must approve all contracts and MOUs)

Approved:  Disapproved: \_\_\_\_\_ Date: 5/16/19 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

As revised and sent to J. Franich via e-mail on 5/15/19.

ELI DORADO COUNTY COUNSEL  
2019 MAY 10 AM 10:37

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_