Contract #: _____

CONTRACT ROUTING SHEET

Date Prepared: 04/13/2011 **Need Date:** 04/13/2011

PROCESSING DEPARTMENT:
Department: CAO
Dept. Contact:
Phone #:
Department Head Signature: for Norma Santiago / Gen

CONTRACTOR:
Name: Western Nevada Development
Address: 704 West Nye Lane, Suite 201
Carson City, Nevada
Phone:

CONTRACTING DEPARTMENT: CAO
Service Requested: MOU for Tahoe Prosperity Center
Contract Term: Contract/Amendment Value: $5,000.00
Compliance with Human Resources requirements? Yes: ☐ No: ☐
Compliance verified by:

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: ☑ Disapproved: ☐ Date: 4-13-11 By: [illegible]
Approved: ☐ Disapproved: ☐ Date: By:

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: