

Assigned To: Lesley Comes

Contract #: 469-S0910

# CONTRACT ROUTING SHEET

Date Prepared: 10-31-08

Need Date: ASAP

### PROCESSING DEPARTMENT:

Department: Human Services

### CONTRACTOR:

Name: Tahoe Regional Planning

Agency dba South Tahoe Area

Transit Authority dba Blue Go

Dept. Contact: Shirley I. C. Hodgson

Address: 128 Market Street (Mail: P.O.

Box 5310)

Phone #: X7268

Stateline, NV 89449

Department Head Signature: 

Phone: 775-589-5284

RECEIVED  
HUMAN RESOURCES DEPT  
08 NOV 17 PM 1:40  
2008 NOV - 5

### CONTRACTING DEPARTMENT: Human Services

Service Requested: Provide bus transportation services for DHS clients on an "as requested" basis.

Contract Term: 11-1-08 through 10-31-09 <sup>10/31/11</sup> Contract Value: \$40,000.00 <sup>70,000</sup>

Compliance with Human Resources requirements? Yes: n/a No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

### COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 11/14/08 By: Lesley Comes

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

*- BOS approval required for agreement with agency.*  
*- see recommended deletion on p.2 for clarification that billing rates are per Exhibit A*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 11/18/08 By: Costello

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

*Insurance is adequate. Email from STATA explaining entity relationships is attached. Note named insured is MV Transportation, Inc. + Subsidiaries. Co. STATA is named as additional insured "as required by written contract" between MV Transportation, Inc + STATA and is subject to limitations. Tahoe Transportation District is identified on other certificate naming County Dept HS as additional insured.*

Please call Shirley Hodgson at x7268 to pick up. Thanks. Under state insurance pool

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

Departments: \_\_\_\_\_

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

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