

South Lake Tahoe Transit Services (91100A)

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Transportation
Dept. Contact: Tim Prudhel
Phone: x5974
Department Head
Signature: *T. Prudhel*
Tim C. Prudhel
Contract Services Officer

CONTRACTOR:

Name: South Tahoe Area Transit Authority
Address: Resolution Annual Claims
Phone: _____

EL DORADO COUNTY COUNSEL
2009 FEB 25 PM 3:27

CONTRACTING DEPARTMENT: Transportation

Service Requested: South Lake Tahoe Transit Services

Contract Term: June 30, 2009 Contract/Amendment Amount: \$ 413,268

Compliance with Human Resources Requirements? Yes: X No: 7

Compliance verified by: Contract Notification Sent _____; HR Response Received _____
OK per _____

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: ✓ Disapproved: _____ Date: 2/25/09 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please forward to Risk Management upon approval.



RISK MANAGEMENT: (All contracts and MOUs 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).

Department(s): _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Transportation
Dept. Contact: _____
Phone #: _____
Department Head
Signature: J. Chalk

CONTRACTOR:

Name: First Amendment to
Address: TRANSFER AGREEMENT
SOUTH TACOMA AREA TRANSIT Syst.
Phone: _____

CONTRACTING DEPARTMENT:

Compliance with Human Resources requirements? Yes: ___ No: ___
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 2/25/09 By: Just Beck
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2009 FEB 25 PM 3:38

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). Department(s): _____

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____