

Counsel please include this information in your billing description.	>	-AGMT 13-53733	Legistar #: 13-0938	P&C #: NA
	>	Index Code: 303100	Project #: 95192	Charge To #: 95192 SIG07
	>	Project: Tahoe Regional Planning Agency Regional Surface Transportation Program		
	>	Description: Exchange Fund Transfer Agreement		

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Community Development Agency
 Division: Transportation
 Dept Contact: Kady Leitner
 Phone: x5150
 Authorized Signature: *Sherrie Busby*

Sherrie Busby
 Administrative Services Officer
 Contract Services Unit

CONTRACTOR:

Name: Tahoe Regional Planning Agency
 Address: PO Box 5310
 Stateline, NV 89449-5310
 Phone: (775) 588-4547

CONTRACTING DEPT: Transportation

Service Requested: Review & Approve
 Contract Term: **1 Years**
 Contract/Amendment Amount: **\$147,016.00**
 Compliance with Human Resources Requirements: Yes: No:
 Compliance verified by: **Contract Notification Sent:** _____ **HR Response Received:** _____
Ok Per: NA-Grant Agmt

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 9/12/13 By: D. Lindstrom
 Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
 2013 SEP -3 4:11:05 PM
 EL DORADO COUNTY COUNSEL
 2013 SEP -3 4:11:05 PM

Please forward to DOT upon approval.

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

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

Risk Management review not required.

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

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