

CONTRACT ROUTING SHEET

Date Prepared: 1/4/10

Need Date: ASAP. on 1/12 BOS agenda

PROCESSING DEPARTMENT:

Department: Development Services
Dept. Contact: Beverly Savage
Phone #: x5324
Department _____
Head Signature: _____

CONTRACTOR:

Name: Michael Brandman Associates
Address: 2000 "O" Street, Suite 200
Sacramento, CA 95811
Phone: 916-447-1100

CONTRACTING DEPARTMENT: Development Services

Service Requested: Preparation of EIR -- fully funded under Reimbursement agreement w/client (contract approved by CC on 12/11. Name of applicant was an error. it is corrected in this version (page 2, Article III, A.))

Contract Term: two years Contract Value: \$167,591.00
Compliance with Human Resources requirements? Yes: x No: _____
Compliance verified by: Mike Strella

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

Approved: X Disapproved: _____ Date: 1/4/09 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 1/4/10 By: [Signature]
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: _____

EL DORADO COUNTY
2011 JAN 14 PM 3:07
PLANNING AND RESOURCES DEPT