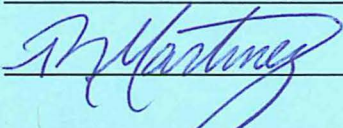


Contract #: Revised Saratoga Reimbursement Agreement
CONTRACT ROUTING SHEET

Date Prepared: 3-5-19

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: DOT
Dept. Contact: Becky Morton
Phone #: X4008
Department
Head Signature: 


CONTRACTOR:

Name: Sunset Tartesso, LLC
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: DOT

Service Requested: Review of reimbursement agreement
Contract Term: _____ Contract Value: \$11,419,734.66
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 3/25/19 By: D. Livingston 
Approved: _____ Disapproved: _____ Date: _____ By: _____

SEE COMMENTS PROVIDED VIA E-MAIL TO L. SCHWARTZ.

Edits incorporated per Counsel email. 4/5/19 J. Millard

EL DORADO COUNTY COUNSEL
2019 MAR -5 PM 4:11

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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: _____