

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: GGV Greenwood, LLC
Address: 8950 Cal Center Dr., Suite 201
Sacramento, CA 95826
Phone: 916-855-4400

CONTRACTING DEPARTMENT: Development Services

Service Requested: Reimbursement Agreement for Services Contract
(approved by CC on 12/11. Name of contractor/applicant was an error. It is
corrected in this version.)

Contract Term: N/A Contract Value: \$ N/A
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: 1/4/10 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2010 JAN 4 PM 3:19

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: _____

RECEIVED
RISK MANAGEMENT DEPT
2010 JAN 4 PM 4:02

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

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