

# CONTRACT ROUTING SHEET

Date Prepared: October 15, 2014

Need Date: October 29, 2014

**PROCESSING DEPARTMENT:**

Department: Procurement & Contracts  
Dept. Contact: Linda Silacci-Smith  
Phone #: x5417  
Department Head Signature: [Signature]

**CONTRACTOR:**

Name: Shingle Springs Station, LLC  
Address: c/o Pat Turner, CPA  
4970 Windplay Drive #6  
El Dorado Hills, CA 9762  
Phone: (916) 939-9933

**CONTRACTING DEPARTMENT:** CAO - Facilities

Service Requested: SPTC Lease - APN #90-040-032  
Contract Term: 5 Years Contract Value: \$33,874.80  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: N/A - Lease

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 10/24/2014 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2014 OCT 16 PM 12:56

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 10/27/14 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RISK MANAGEMENT DIVISION  
2014 OCT 24 PM 3:57

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_