

# CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: Transportation  
Dept. Contact: Matt Smeltzer/Julie D. *MS*  
Phone: X5912/X5922  
Department Head *[Signature]*  
Signature: \_\_\_\_\_  
\_\_\_\_\_ Robert S. Slater, Assistant Director

**CONTRACTOR:**

Name: Martha Waddell Olson  
C/O Select Property Mgmt  
Address: 4062 Flying C Rd. #39  
Cameron Park, CA 95682  
Phone: (530) 677-1414 Derrin Storm

**CONTRACTING DEPARTMENT:** Department of Transportation; Amendment I to  
Lease Agreement #505-L1111; Martha Waddell Olson; 415 Placerville  
Dr., Suite M & N; Health Services Dept. Animal Services Program

Service Requested: business Office

Contract Term: Upon Execution of Amend Contract/Amendment Amount: No changer

Compliance with Human Resources Requirements? Yes: X No:   

Compliance verified by: Contract Notification Sent \_\_\_\_\_; HR Response Received \_\_\_\_\_  
OK per \_\_\_\_\_.

**COUNTY COUNSEL:** (must approve all contracts and MOUs)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/24/11 By: D. Livingston *DL*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**Please forward to Risk Management upon approval.**

Index Code: <u>40111</u>	User Code: <u>141200</u>
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**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

Approved: ✓ see below Disapproved: \_\_\_\_\_ Date: 8/24/11 By: KKew  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please provide the insurance certificates on this agreement.  
Insurance certificate on file expires 9/10/11. DOT will forward new insurance certificate  
upon receipt. *SB*

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

Department(s): \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_