

# CONTRACT ROUTING SHEET

Date Prepared: 9/6/18

Need Date: 9/11/18

**PROCESSING DEPARTMENT:**

Department: CAO

Dept. Contact: Shawne Corley, ACAO

Phone #: 5123

Department: \_\_\_\_\_

Head Signature: 

**CONTRACTOR:**

Name: Tahoe Prosperity Center

Address: 948 Incline Way, Incline Village,  
NV 89451

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CAO

Service Requested: Review of Funding Agreement

Contract Term: \_\_\_\_\_ Contract Value: \$1000.00

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 9/6/18 By: 

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

EL DORADO COUNTY COUNSEL  
2018 SEP -6 PM 2:13

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: \_\_\_\_\_