

ATTENTION DAVID L.

Agm #356-01211

Contract #:

# CONTRACT ROUTING SHEET

Date Prepared: December 16, 2011

Need Date: As soon as possible

**PROCESSING DEPARTMENT:**

Department: Health & Human Services

Dept. Contact: Russ Fackrell

Phone #: 530-621-7596

Department

Head Signature: Kimberly Allen ACO

**Leasor: City of South Lake Tahoe**

Name: Stan Sherer

Address: 1180 Rufus Allen

South Lake Tahoe, CA 96150

Phone: 530-542-6197

**CONTRACTING DEPARTMENT: Chief Administrative Office**

Service Requested: Assistance with Preparing Facility Use Agreement

Contract Term: Remainder of lease term until June 30, 2023; 60 day termination notice Contract Value: \_\_\_\_\_ Share of operating Expenses \_\_\_\_\_

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

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

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

Approved:  Disapproved: \_\_\_\_\_ Date: 12/21/11 By: D. Livingston

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

ELDON COUNTY COUNSEL  
21 DEC 19 AM 9:14

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 12/27/11 By: kan

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

ELDON COUNTY COUNSEL  
21 DEC 21 AM 3:18

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

Departments: \_\_\_\_\_

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

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