

|  |   |                    |  |                           |  |
|--|---|--------------------|--|---------------------------|--|
| Counsel please include this information in your billing description. | > | AGMT-13-53786      | Legistar #: 12-1352  | P&C #: 365-S1210          |  |
|  | > | Index Code: 345000 | Project #: GF-No Charge  | Charge To #: GF-No Charge |  |
|  | > | Project            | Second Amendment to Agreement for Services No. 004D-A-11/12-PA for As- |                           |  |
|  | > | Description:       | Needed Planning Services   |                           |  |

## CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: Community Development Agency  
 Division: Long Range Planning  
 Dept Contact: Michele Weimer  
 Phone: x5670  
 Authorized Signature: S. R. Ewert

Sandy Ewert  
 Contract Services Unit

**CONTRACTOR:**

Name: Pacific Municipal Consultants  
 Address: 2729 Prospect Park Drive  
 Suite 220  
 Rancho Cordova, CA 95670  
 Phone: (916) 361-8384

**CONTRACTING DEPT: Transportation**

Service Requested: Review & Approve

Contract Term: **3 Years**

Contract/Amendment Amount: **\$319,655.00**

Compliance with Human Resources Requirements: Yes: X No: \_\_\_\_\_

Compliance verified by: Contract Notification Sent: 1/30/14 HR Response Received: 2/14/14  
 Ok Per: Mike Stella

EL DORADO COUNTY COUNSEL  
 2014 JAN 31 AM 10:08

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 2/19/2014 By: K. Mackham  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

2/19/2014 T/O w/ Machule = Shurie  
Sending corrected language (e-mail)  
See attached e-mail

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

**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 2/19/2014 By: [Signature]  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
 HUMAN RESOURCES DEPT.  
 14 FEB 19 PM 3:59

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

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