

CONTRACT ROUTING SHEET

Date Prepared: 05/24/2007

Need Date: 06/12/2007

PROCESSING DEPARTMENT:

Department: Environmental Mgmt

Dept. Contact: Marcella McTaggart

Phone #: 5306

Department

Head Signature: *Marcella Silva*

CONTRACTOR:

Name: Tahoe Sportfishing

Address: 900 Ski Run Blvd, Suite 102

South Lake Tahoe, CA 96150

Phone: (530) 541-7721

CONTRACTING DEPARTMENT: EMD/AQMD

Service Requested: Review of Contract for Use of AB 923 Funds

Contract Term: 12/31/14

Contract/Amendment Value: \$35,000.00

Compliance with Human Resources requirements? Yes: ☐ No: ☒

Compliance verified by: _____

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

Approved: ☒ Disapproved: ☐ Date: 6/5/06 By: *[Signature]*Approved: ☐ Disapproved: ☐ Date: _____ By: _____

DATE	ASSIGNMENT	BY:
06/01/07	ASSIGNMENT	<i>[Signature]</i>
06/01/07	ATTORNEY MKEC	<i>[Signature]</i>
06/01/07	DEPT./INDEX NO 121100	<i>[Signature]</i>
06/01/07	BY:	<i>[Signature]</i>

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

Approved: ☒ Disapproved: ☐ Date: 6/7/07 By: *[Signature]*Approved: ☐ Disapproved: ☐ Date: _____ By: _____

DATE	ASSIGNMENT	BY:
07 JUN -7 AM 9:12	ASSIGNMENT	<i>[Signature]</i>

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

Departments:

Approved: ☐ Disapproved: ☐ Date: _____ By: _____Approved: ☐ Disapproved: ☐ Date: _____ By: _____

CONTRACT ROUTING SHEET

Date Prepared: 06/13/2007

Need Date: 07/02/2007

PROCESSING DEPARTMENT:

Department: Environmental Mgmt
 Dept. Contact: Linda Milligin/Marcella McTaggart

Phone #: 6668/5306

Department

Head Signature: *Jenni Smith*

CONTRACTOR:

Name: Action Water Sports of TahoeAddress: P.O. Box 9653South Lake Tahoe, CA 96158Phone: (530) 544-0203

FL DORADO COUNTY COUNSEL
 2601 N. 15th St.
 South Lake Tahoe, CA 96158
 (530) 544-0203

CONTRACTING DEPARTMENT: EMD/AQMDService Requested: Review of Contract for Use of AB 923 FundsContract Term: 12/31/14 Contract/Amendment Value: \$17,792.00

Compliance with Human Resources requirements?

Yes: ☐No: ☒Compliance verified by: N/A

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

Approved: ☒Disapproved: ☐Date: 6/22/07By: *[Signature]*Approved: ☐Disapproved: ☐

Date: _____

By: _____

ASSIGNMENT
 DATE: 6/18/2007
 ATTORNEY: MIKE P.
 DEPT. / INDEX NO.: 960

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

Approved: ☒Disapproved: ☐Date: 6/25/07By: *[Signature]*Approved: ☐Disapproved: ☐

Date: _____

By: _____

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 JUN 25 AM 8:34

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

Departments:

Approved: ☐Disapproved: ☐

Date: _____

By: _____

Approved: ☐Disapproved: ☐

Date: _____

By: _____