

CONTRACT ROUTING SHEET

Date Prepared: 3/21/17

Need Date: 3/28/17

PROCESSING DEPARTMENT:

Department: Procurement & Contracts
Dept. Contact: Ashley Wells
Phone #: X5804
Department
Head Signature: [Signature] 3/22/17

CONTRACTOR:

Name: Tahoe Prosperity Center
Address: 948 Incline Way
Incline Village, NV 89451
Phone: 775-298-0265

CONTRACTING DEPARTMENT: Economic Development

Service Requested: Economic Development Grants (EDOG)
Contract Term: One (1) Year – No Change Contract Value: \$25,000.00 – No Change
Compliance with Human Resources requirements? Yes: _____ No:
Compliance verified by: N/A – Funding Agreement

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

Approved: Disapproved: _____ Date: 3/28/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

E. DORADO COUNTY COUNSEL
2/17 MAR 23 AM 5:17

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!!

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

Approved: Disapproved: _____ Date: 3-28-17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

COMPLIANT IN EBX. CW.

FM1:17 HR/RM MAR 28 '17

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____