

Date Prepared:	7/31/17	Need Date: ASAP	
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature:	BOS – District V Marcie MacFarland 621-6577	CONTRACTOR: Name: Tahoe Fund Address: P.O. Box 7124 Tahoe City, CA 96154 Phone: 775-298-0035	
Contract Term: _	d: Review Funding Resolution N/A Human Resources requirements?	Contract Value: \$1,000.00	
Approved:	Disapprove all contracts Disapproved: Disapproved: See Manyer factor. From 5	Date: 8///7 By: By: 22	EL DORADO COUNTY COUNSEL
RISK MANAGEM	TO RISK MANAGEMENT. THANKS! ENT: (All contracts and MOU's e Disapproved: Disapproved:	xcept boilerplate grant funding agreements Date: By: Date: By:	s)
OTHER APPROV Departments: Approved: Approved:	AL: (Specify department(s) parti Disapproved: Disapproved:	cipating or directly affected by this contract Date: By: Date: By:	1).

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Contract #: Resolution