

# CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: Transportation  
Dept. Contact: Tim Prudhel  
Phone: x5974  
Department Head  
Signature: *T. C. Prudhel*  
Tim C. Prudhel  
Contract Services Officer

**CONTRACTOR:**

Name: State of California  
(Caltrans)  
Address: 703 B Street  
Marysville, CA 95901  
Phone: 530-741-5122

**CONTRACTING DEPARTMENT:** Transportation

Service Requested: Disadvantaged Business Enterprise (DBE) Annual Submittal  
Contract Term: NA Contract Amount: \$ -0-  
Compliance with Human Resources Requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: NA - DBE Implementation Agreement.

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 4/21/10 By: D. Livingston  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**Please Return Directly To DOT.**

Index Code: <u>306500</u>	User Code: <u>25000 A</u>
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**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

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

**RISK MANAGEMENT APPROVAL NOT REQUIRED**

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

Department(s): \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_