

Counsel please include this information in your billing description.	>	Contract #: 13 - 41433 - Reso. # ²⁰³	Legistar #: 13-0780	P & C #: NA
	>	Index Code: 306500	25000 A	Activity Code: NA
	>	Project Description: Disadvantaged Business Enterprise Annual Submittal for Federal Fiscal Year 2013-2014		
	>			

RESOLUTION ROUTING SHEET

PROCESSING DEPARTMENT:

CONTRACTOR: NA

Department: Department of Transportation

Dept Contact: Sherrie Busby

Phone: x5984

Dept Head Signature: Sherrie Busby
 Sherrie Busby
 Administrative Services Officer

CONTRACTING DEPT: Transportation

Service Requested: **Review & Approve**

Contract Term: **NA**

Contract/Amendment Amount: **0**

Compliance with Human Resources Requirements: Yes: X No: _____

Compliance verified by: **Contract Notification Sent: NA - Resolution**

COUNTY COUNSEL: (must approve all contracts and MOUs)

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

DOT
 Please forward to ~~DOT~~ Management upon approval.

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

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

Risk Management Review Not Required.

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

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