


# CONTRACT ROUTING SHEET

Date Prepared: 4/25/2023

Need Date: 5/9/2023

**PROCESSING DEPARTMENT:**

Department: DOT  
Dept. Contact: Jen Rimoldi  
Phone: X7592  
Department Head Signature:   
Jen Rimoldi

**CONTRACTOR:**

Name: TBD  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: 36101000/36105060 & 36105062

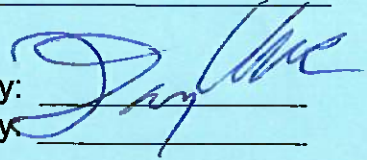
**CONTRACTING DEPARTMENT:** DOT Engineering

Service Requested: Review and Approve Contract Documents for the Intersection Safety Improvements - Contract No. 7443

Contract Term: 50 Working Days

Contract Value: TBD

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

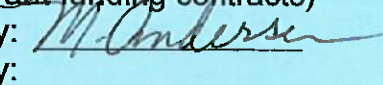
Approved:  Disapproved: \_\_\_\_\_ Date: 5/11/2023 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

COUNSEL -- PLEASE FORWARD TO RISK MANAGEMENT -- THANKS!

**HR APPROVAL: - N/A - PUBLIC WORKS CONTRACT**

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**RISK MANAGEMENT APPROVAL:** (all contracts & MOU's except boilerplate grant funding contracts)

Approved:  Disapproved: \_\_\_\_\_ Date: 5-12-2023 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please Forward to Risk Management for Review and Approval of Insurance Requirements beginning on page SP-21 "Insurance"

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

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