


# CONTRACT ROUTING SHEET

Date Prepared: 2/13/2024

Need Date: 2/28/2024

**PROCESSING DEPARTMENT:**

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

**CONTRACTOR:**


Name: TBD  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: 36101000 – 36105080

**CONTRACTING DEPARTMENT:** DOT – Headington Engineering

Service Requested: Review and Approve Contract Documents for Harvard Way at Clermont Way Intersection Improvements Project - Contract No. 8045

Contract Term: 60 Working Days Contract Value: TBD

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

Approved: X Disapproved: \_\_\_\_\_ Date: 2-27-2024 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: 3/4/24 By: Lavleen K. Cheema  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please Forward to Risk Management for Review and Approval of Insurance Requirements in Special Provisions Section 7-1.06 "Insurance"

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

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