

# CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: Transportation  
Dept. Contact: Tim Prudhel  
Phone: x5974  
Department Head  
Signature: T Prudhel 06-15-07  
Tim C. Prudhel  
Contract Services Officer

**CONTRACTOR:**

Name: Resolution Authorizing DOT to Claim TDA Funds (LTF)  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

JUN 15 2007  
MARK DELMERED

**CONTRACTING DEPARTMENT:** Transportation

Service Requested: Resolution

Contract Term: n/a Contract/Amendment Amount: \$ \_\_\_\_\_

Compliance with Human Resources Requirements? Yes: N/A No: \_\_\_\_\_

Compliance verified by: N/A - Resolution

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6/19/07 By: Tim Prudhel  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

06/18/2007  
TRISH B  
306500  
990  
DEPT/INDEX NO.

approved for

**Please forward to Risk Management upon approval.**

Index Code: <u>302000</u>	User Code: <u>91100A</u>
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**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

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

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

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

2007 JUN 20 PM 3:19  
RECEIVED  
DOT

# CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: Transportation  
Dept. Contact: Tim Prudhel  
Phone: x5974  
Department Head  
Signature: *T. Prudhel* 06/15/07  
Tim C. Prudhel  
Contract Services Officer

**CONTRACTOR:**

Name: Resolution Authorizing  
DOT to Claim TDA Funds (STA)  
Address: \_\_\_\_\_  
Phone: JUN 15 2007  
HAND DELIVERED

**CONTRACTING DEPARTMENT:** Transportation

Service Requested: Resolution  
Contract Term: n/a Contract/Amendment Amount: \$  
Compliance with Human Resources Requirements? Yes: N/A No: \_\_\_\_\_  
Compliance verified by: N/A - Resolution

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6/19/07 By: *Josh Bid*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Approved as to form*

ASSIGNMENT

DATE: 06/18/2007  
ATTORNEY: TRISH B  
DEPT./INDEX NO.: 306500  
BY: *[Signature]*

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

Index Code: <u>302000</u>	User Code: <u>91100A</u>
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**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

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

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

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

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