

(Latrobe Rd Realignment Mitigated Negative Declaration CIP #73359)

CONTRACT ROUTING SHEET

RESUBMITTAL

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Transportation

Service Requested: Review and comment

Contract Term: N/A Contract/Amendment Amount: \$

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

Compliance verified by: Contract Notification Sent _____; HR Response Received _____
OK per _____

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: *Conrad* Disapproved: _____ Date: *5/12/09* By: *Justin Boyd*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Mitigated Negative Declaration for CIP #73359 Latrobe Road Realignment

*Construction delay measures have not been changed - advise DOT construction of conditions of ensure that design/constructed provides for a spec up / bid does
- The staff report needs to list the APN #'s just right of way*

Please return directly to DOT.

Index Code: <u>305100</u>	User Code: <u>73359P</u>
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RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

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

NOT REQUIRED

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

Department(s): _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____