

Item Submitted: Resolution for Airports Rates and Fees

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Transportation
Dept. Contact: _____
Phone: Russell Nygaard
Department Head 530-621-5916
Signature: *Russell A. Nygaard*

CONTRACTOR:

Name: Placerville Airport
Jeff Moore
Address: _____
Phone: 530-622-0459

CONTRACTING DEPARTMENT: Transportation
Service Requested: Review and Approval to Form

Contract Term: N/A Contract/Amendment Amount: \$0
Compliance with Human Resources Requirements? Yes: N/A No: _____
Compliance verified by: Contract Notification Sent _____; HR Response Received _____
OK per _____

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 4/26/10 By: D. LIVINGSTON DAL
Approved: _____ Disapproved: _____ Date: _____ By: _____

Index Code: <u>307120</u>	User Code: <u>93000A</u>
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RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 4/27/10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

N/A

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

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

RECEIVED
DOT
2010 APR 21 P

2010 APR 23 11:40 AM
10 APR 27 10:32 AM