

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Transportation
 Dept. Contact: Tim Prudhel
 Phone: x5974
 Department Head
 Signature: *T. Prudhel (3-2-10)*
 Tim C. Prudhel
 Contract Services Officer

CONTRACTOR:

Name: N/A
 Address: _____
 Phone: _____

CONTRACTING DEPARTMENT: Transportation

Service Requested: Review and approve Mitigated Negative Declaration Addendum

Contract Term: N/A

Contract Amount: N/A

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

Compliance verified by: N/A – Environmental Document

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: X Disapproved: ~~##~~ Date: 3/4/10 By: *[Signature]*
 Approved: _____ Disapproved: _____ Date: _____ By: _____

ELECTRONIC COUNTY COUNSEL
 2/18/10 2:28 PM

Please return directly to DOT.

Index Code: <u>305100</u>	User Code: <u>77109P</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: _____

RECEIVED
 2/18/10 3:49 PM