Counsel please include this information in your billing description.	>	Contract #: **-12-53605**	Legistar #: **13-0107**	P&C #: **443-S1311**
	>	Index Code: **306500**	Project #: **25000 A**	Charge To #: **25000 A**
	>	Project Description: On-Call Right of Way Services		

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Department of Transportation

Dept Contact: Janel Gifford

Phone: x5974

Authorized Signature:_____

Janel Gifford, P.E.
Office Engineer/Contract Services Unit

CONTRACTOR:

Name: Associated Right of Way Services, Inc.

Address: 2300 Contra Costa Boulevard
Suite 525
Pleasant Hill, California 94523

Phone: (925) 691-8500

CONTRACTING DEPT: Transportation

Service Requested: Review & Approve

Contract Term: **3 Years**

Contract/Amendment Amount: **$200,000.00**

Compliance with Human Resources Requirements: Yes: **X** No:

Compliance verified by: **Contract Notification Sent:** **2/7/2013** **HR Response Received:** **2/20/2013**

Ok Per: **Mike Strella**

COUNTY COUNSEL: (must approve all contracts and MOUs)

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

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

Please forward to DOT upon approval.

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)

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

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