

Counsel please include this information in your billing description.	>	-AGMT 17-54625	Legistar #:	P&C #:
	>	Index Code: 306440	Project #: 33007	Charge To #: 33007
	>	Project Description: Draft ADA Formal Transition Plan for County Maintained Roadways		
	>	<b>- RESUBMITTAL -</b>		

## CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: Community Development Agency  
 Division: Transportation  
 Dept Contact: Donna Keeler  
 Phone: x3829  
 Authorized Signature: *Andrew Gaber*  
 Andrew Gaber, P.E.  
 Deputy Director, DRE

**CONTRACTOR:**

Name: N/A  
 Address:  
 Phone:

Date Submitted: 2/21/2017  
 Date Needed: 3/7/2017  
 Funding Sources: Road Fund

**CONTRACTING DEPT: CDA**

Service Requested: Review & Approve  
 Contract Term:  
 Contract/Amendment Amount: **\$0.00**

Compliance with Human Resources Requirements: Yes: \_\_\_\_\_ No: X  
 Compliance verified by: **Contract Notification Sent:** \_\_\_\_\_ **HR Response Received:** \_\_\_\_\_  
**Ok Per:**

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

Approved: X Disapproved: \_\_\_\_\_ Date: 5/3/17 By: Bre Muebels  
 Approved: X Disapproved: \_\_\_\_\_ Date: 8/4/17 By: Bre Muebels

*5/3/17 Approved as to form.*  
*please see memo and edits on draft.*  
*8/4/17 - Resubmittal. Please see edits and comments on draft.*

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

**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 8-4-17 By: KB  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: Nothing for Risk

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

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