

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Assessment Ballot
Proceeding/Hearing and
Address: Establishing Benefit
Assessment Resolution
Phone: ZOB #98127, CSA #9

CONTRACTING DEPARTMENT: Transportation

Service Requested: _____

Contract Term: _____ Contract/Amendment Amount: \$ _____

Compliance with Human Resources Requirements? Yes: No: _____

Compliance verified by: Contract Notification Sent _____; HR Response Received _____:
OK per N/A - Resolution

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 5/20/09 By: D. Livingston DA
Approved: _____ Disapproved: _____ Date: _____ By: _____

* SEE REVISED VERSION OF RESOLUTION (ALSO SENT VIA E-MAIL). SEE
ALSO HANDWRITTEN REVISIONS TO NOTICE AND BALLOT FORM.

Revisions made as requested
6/16/09 [Signature]

Index Code: <u>Special Districts - No Charge</u>	User Code: _____
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RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

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

RISK MANAGEMENT REVIEW NOT REQUIRED - PLEASE RETURN DIRECTLY TO DOT

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

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