

Resolution Authorizing Director to Accept and Sign State Program Supplements (25000A)

# CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: Transportation  
Dept. Contact: Tim Prudhel  
Phone: x5974  
Department Head  
Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: DOT Resolution  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Tim C. Prudhel  
Contract Services Officer

**CONTRACTING DEPARTMENT:** Transportation

Service Requested: Resolution Authorizing Director to Accept and Sign State Program Supplements

Contract Term: N/A Contract Amount: 0

Compliance with Human Resources Requirements? Yes: N/A No: \_\_\_\_\_

Compliance verified by: N/A- Resolution

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

Approved:  Disapproved: \_\_\_\_\_ Date: ~~8/4/10~~ By: D. Livingston  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 8/4/10 By: \_\_\_\_\_

*Please return directly to DOT.*

Index Code: <u>306500</u>	User Code: <u>25000A</u>
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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**

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

Department(s): \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2010 APR 16 11:30 AM  
EL DORADO COUNTY COUNSEL  
2010 AUG -4 PM 4:13