

CONTRACT ROUTING SHEET

Date Prepared: 3/28/24

Need Date: 4/3/24

PROCESSING DEPARTMENT:

Department: DOT

Dept. Contact: Jen Rimoldi

Phone: X7592

Department _____

Head Signature: *J. Rimoldi*
Jen Rimoldi

CONTRACTOR:

Name: TBD

Address: _____

Phone: _____

Phone: _____

Org Code: 36101000/36109002

CONTRACTING DEPARTMENT: DOT Engineering

Service Requested: Review and Approve Contract Documents for the El Dorado Trail Missouri Flat Road Bike/Pedestrian Overcrossing Phase 2 Project - Contract No. 8144

Contract Term: 200 Working Days Contract Value: TBD

COUNTY COUNSEL: (must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 3/28/2024 By: *J. [Signature]*

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

COUNSEL -- PLEASE FORWARD TO RISK MANAGEMENT -- THANKS!

HR APPROVAL: - N/A – PUBLIC WORKS CONTRACT

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

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

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

Please Forward to Risk Management for Review and Approval of Insurance Requirements beginning on page SP-24 "Insurance"

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

Departments: _____

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

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

