

# CONTRACT ROUTING SHEET

Date Prepared: 6/16/2023

Need Date: 6/30/2023

**PROCESSING DEPARTMENT:**

Department: DOT

Dept. Contact: Jen Rimoldi

Phone: X7592

Department Head Signature: 

Jen Rimoldi

**CONTRACTOR:**

Name: TBD

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

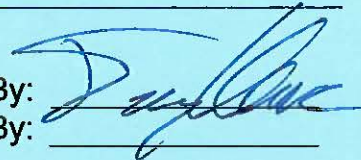
Org Code: 36101000/36109010

**CONTRACTING DEPARTMENT:** DOT Engineering

Service Requested: Review and Approve Contract Documents for the Pony Express Trail Bicycle, Pedestrian and ADA Improvements Project - Contract No. 7451

Contract Term: 100 Working Days Contract Value: TBD

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6-23-2023 By: 

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

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

EDC COUNTY COUNSEL  
2023 JUN 16 AM 10:25

**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: 6-21-2023 By: 

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

Please Forward to Risk Management for Review and Approval of Insurance Requirements beginning on page SP-22 "Insurance"

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

Departments: \_\_\_\_\_

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

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