## CONTRACT ROUTING SHEET RESUBMITTAL

PROCESSING DEPARTMENT:
Department:
Dept. Contact:
Phone:
Department Head Signature:

Transportation
Tim Prudhel
$\times 5974$


CONTRACTOR:
Name: TIM Fee Program Resolution Address:

Phone:

CONTRACTING DEPARTMENT: Transportation
Service Requested: Resolution Amending the 2004 General Plan Traffic Impact Mitigation Fee Program
Contract Term: NA Amount: \$NA
Compliance with Human Resources Requirements? Yes: NA No:
Compliance verified by:
NA - RESOLUTION
COUNTY CQUNSEL: (must approve all contracts and MOUs)

Approved few n
Approved:

Disapproved:
Disapproved:
$\qquad$ Date:


By: $\qquad$ By:
$\qquad$

## Please return directly to DOT.

 Index Code306480
User Code
34007 A
RISK MANAGEMENT: (All contracts and NOUs except boilerplate grant funding agreements)
Approved:
Approved:
Disapproved:


Date:
By: $\qquad$
$\qquad$ Disapproved: Date:

By: $\qquad$ e

## RISK MANAGEMENT APPROVAL NOT REQUIRED.

OTHER APPROVAL (Specify departments) participating or directly affected by this contract).
Departments):
Approved:
Approved:
Disapproved:
Date:
By: Disapproved:

Date: By: $\qquad$

