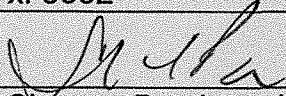


# CONTRACT ROUTING SHEET

Date Prepared: 10/25/16

Need Date: 11/9/06

**PROCESSING DEPARTMENT:**

Department: Long Range Planning  
Dept. Contact: Shawna Purvines  
Phone #: x. 5362  
Department Head Signature:   
Shawna Purvines, Interim CDA Assistant Director

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT: Long Range Planning**

Service Requested: Review and Approval of Resolution making findings under Mitigation Fee Act for Traffic Impact Mitigation Fees

Contract Term: N/A Contract Value: N/A  
Compliance with Development Services requirements? Yes: N/A No: \_\_\_\_\_  
Compliance verified by: N/A

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

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

**RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)**

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

N/A

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

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