

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Transportation
Dept. Contact: Janel Gifford
Phone: x4988
Department Head
Signature: Janel Gifford *routing only*
Janel Gifford
Contract Services Unit

Name: NA
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Transportation

Service Requested: Initial Study/Neg Dec for DOT Equipment/Vehicle Wash Facility Project

Contract Term: NA Contract/Amendment Amount: \$0

Compliance with Human Resources Requirements? Yes: X No: _____

Compliance verified by: Contract Notification Sent; HR Response Received _____
NA - Environmental Docs

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: X Disapproved: _____ Date: 7/31/12 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

2012 JUN 20 PM 2:53
COUNTY COUNSEL

Please return directly to DOT.

Index Code: <u>306500</u>	User Code: <u>81134</u>
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RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

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

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

Department(s): _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

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