

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Transportation
 Dept. Contact: Michele Smith
 Phone: X4937
 Department Head
 Signature: *Tom Celio*
 Tom Celio
 Deputy Director, Maintenance and Operations

CONTRACTOR:

Name: Assessment Resolution and Hearing - CSA #9
 Address: Emerald Meadows Zones of Benefit, fiscal year 2010/2011
 Phone: _____

CONTRACTING DEPARTMENT: Transportation

Service Requested: _____
 Contract Term: _____ Contract/Amendment Amount: \$ _____
 Compliance with Human Resources Requirements? Yes: N/A No: _____
 Compliance verified by: Contract Notification Sent _____; HR Response Received _____
 OK per N/A - Resolution

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 5/24/10 By: D. Livingston
 Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
 COUNTY COUNSEL
 5/24/10 2:15 PM

Index Code: <u>308804</u>	User Code: <u>No Charge</u>
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RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

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

RISK MANAGEMENT REVIEW NOT REQUIRED - PLEASE RETURN DIRECTLY TO DOT

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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 COUNTY COUNSEL
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