

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: Road Zones of Benefit, fiscal year 2011/2012
 Phone: 642-4905

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: 5/11/11 By: D. Livingston
 Approved: _____ Disapproved: _____ Date: _____ By: _____

SEE REVISIONS TO #11-41373. - Revised as recommended by 5/23/11

DOT
 TRANSPORTATION
 DISTRICT OFFICE
 1000 G ST.
 N.W.
 WASHINGTON, DC 20004-4500

Index Code: <u>Various - Special Districts</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: _____