

Counsel please include this information in your billing description.	>	Contract #: 16-31152	Legistar #: 17-0066	P & C #: 298-C1799	
	>	Index Code: 305100	Lav Log #: 16-21473	Activity Code: 77124 A105I	
	>	Project	Silver Fork Road at South Fork American River Bridge Rehabilitation Project - Contract		
	>	Description: Documents			

CONTRACT ROUTING SHEET

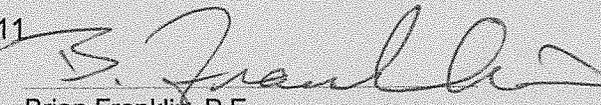
PROCESSING DEPARTMENT:

Department: Department of Transportation

Division: Transportation

Dept Contact: Brian Franklin

Phone: x5311

Dept Head Signature: 

Brian Franklin, P.E.
Office Engineer

CONTRACTING DEPT: Transportation Division

Service Requested: **Review & Approve**

Contract Term:

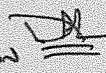
Contract/Amendment Amount: **\$0.00**

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

Compliance verified by: **Contract Notification Sent:** _____ **HR Response Received:** _____

Ok Per: N/A

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 1/4/17 By: D. Livingston 

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

Please forward to Risk Management upon approval.

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 1-5-17 By: 

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

I UNDERSTAND THE INSURANCE LANGUAGE IS EDC'S STANDARD TEMPLATE WORKING. HOWEVER SHOULD WE ALSO CONSIDER EVIDENCE OF: EXCESS LIABILITY CONTRACTORS' EQUIPMENT INSURANCE, ENVIRONMENTAL LIABILITY AND OTHER RISKS?

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

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

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