

Resolution #:

#10-41342

Legistar # 10-0438

Resolution and Exhibit A

# 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 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 DM  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
 COUNTY COUNSEL  
 MAY 24 2010 11:55 AM

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: \_\_\_\_\_