

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Transportation
Dept. Contact: Tim Prudhel
Phone: x5974
Department Head
Signature: *T. Prudhel 03-12-09*
Tim C. Prudhel
Contract Services Officer

CONTRACTOR:

Name: State of California
(Caltrans)
Address: 703 B Street
Marysville, CA 95901
Phone: 530-741-5122

CONTRACTING DEPARTMENT: Transportation

Service Requested: Disadvantaged Business Enterprise (DBE) Implementation Agreement

Contract Term: NA

Contract Amount: \$ -0-

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

Compliance verified by: NA - DBE Implementation Agreement.

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 3/10/09 By: Jish Beck
Approved: _____ Disapproved: _____ Date: _____ By: _____

DOT's Please provide Tim Prudhel @ DOT a copy of the provisions of each contract. And include for specific projects a copy of this in our review packet

Discussed provisions w/ Tim P - will provide Tim copy of provisions. Will provide copy of DBE Implementation Agreement to Design PMs to include in Colorado packet. JS 3/20/09

Please Return Directly To DOT.

Index Code: <u>306500</u>	User Code: <u>25000 A</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 APPROVAL NOT REQUIRED

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

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

DOT
RECEIVED