

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Transportation
 Dept. Contact: Tim Prudhel
 Phone: x5974
 Department Head
 Signature: *T. Prudhel 05/26/09*
 Tim C. Prudhel
 Contract Services Officer

CONTRACTOR:

Name: Assessment Resolution and Hearing – CSA #9
 Address: Emerald Meadows Zone of Benefit, fiscal year 2009/2010
 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: 5/11/09 By: D. Livingston DAJ
 Approved: _____ Disapproved: _____ Date: _____ By: _____

SAME CHANGES AS NOTED ON RESO # 09-41303.

Changes made as recommended 5/15/09.
cey

Index Code: <u>Special Districts – No Charge</u>	User Code: _____
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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: _____