Contract #: AGMT # 10-53050

Legistar # TBD 10-1022

Addendum to 2005 Bicycle Transportation Plan MND for 2010 BTP Update (34003 A)

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:		OWNER/DEVELOPER:				
	Transportation	Name:	Addendum to 2005 Bicycle			
Dept. Contact:		minima Advintore	Transportation PI			
Phone:	x5974	Address:	· · · · · · · · · · · · · · · · · · ·			
Department Head	- 1 marriage					
Signature:		Phone:	der (der (and (borns) + and (and (borns) + and (borns) +	ettiiniidettiiniidettiiniidettiiniidettiiniidettiiniidettiiniidettiiniidettiiniidettiiniidettiiniidettiiniidetti		
J	Tim C. Prudhel		***************************************			
	Contract Services Officer					
CONTRACTING	DEPARTMENT: Transporta	tion				
	: Review of Addendum to 2005 Bicycle Transportation Plan MND					
Contract Term:						
	Human Resources Requireme		No:	N/A		
Compliance verific		N/A				
COUNTY COUNS	SEL : (must approve all contra	acts and MOUs				
Approved:	Disapproved:	Date: 400 L) By: <u></u>			
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Approved.	Disapproved:	Date	By:			
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OTHER APPROV	AL (Specify department(s) pa	articinating or di	rectly affected by this	contract)		
Department(s):	• • • • • • • • • • • • • • • • • • • •	artioipating or a	roomy andotted by tine	oonadorj.		
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Contract #: Reso Log # 10-41365

Legistar # 10-1022

Resolution Certifying MND and Adopting 2010 BTP Update (24200 A)

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:		CONTRAC	CTOR:
	Transportation	Name:	County of El Dorado
Dept. Contact:	Tim Prudhel	dada.	RESU-2010 BIFU Phat
Phone:		Address:	
Department Head		hander.	
Signature:	if Gridhe (rooting only,	Phone:	
3	Tim C. Prudhel	in the second se	
	Contract Services Officer		
CONTRACTING D	EPARTMENT: Transportati	on	
Service Requested	: Resolution - Certifying MI	ND and Adopt	ing 2010 BTP Update
Contract Term:		Co	ntract Amount: \$ -0-
Compliance with H	uman Resources Requiremen	its? Yes:	No:
Compliance verifie	d by:	NA – Reso	lution.
COLINTY COLING	EL: (must approve all contra Disapproved: Disapproved:	cts and MOLIS	
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			rplate grant funding agreements)
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	RISK MANAGEMENT	APPROVAL N	IOT REQUIRED
Department(s):			directly affected by this contract).
Approved:		Date:	By:
Approved:	Disapproved:	Date:	By: