PROCESSING DEPARTMENT:
Department:
Dept. Contact:
Phone:
Department Head Signature:

Transportation

Name: Address: Phone:

| Janel Gifford |
| :--- |
| x4988 | Contract Services Unit

CONTRACTOR: AKT Development Corp
$\qquad$
$\qquad$
$\qquad$

CONTRACTING DEPARTMENT: Transportation
Service Requested: Review and Approve
Contract Term: N/A Contract Amount: \$ N/A
Compliance with Human Resources Requirements? Yes: $\quad$ No: $\quad$ X
Compliance verified by: N/A - Settlement, Defense \& Indemnity Agreement
COUNTY COUNSEL: (must approve all contracts and MOUs)
Approved: Approved: Disapproved:

Date: $\qquad$ By: $\qquad$
$\qquad$ Disapproved: $\qquad$ Date: By:

## Please return directly to DOT

| Index Code: 306500 | User Code: $\quad$ 25000A |
| :--- | :--- |

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

Approved: $\qquad$ Disapproved: Date:

Date: $\qquad$
By: $\qquad$ Approved: $\qquad$ Disapproved: $\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
OTHER APPROVAL (Specify department(s) participating or directly affected by this contract). Department(s):

| Approved | Disapproved | Date: |
| :---: | :---: | :---: |
| pproved | Disapproved | Date: |

Disapproved:
Date: $\square$ $B y$ :

