

# CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: Transportation  
Dept. Contact: Janel Gifford  
Phone: X5974  
Department Head  
Signature: Janel Gifford  
Janel Gifford  
Office Engineer/Contract Services Unit

**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) Annual Submittal  
Contract Term: NA Contract Amount: \$ -0-  
Compliance with Human Resources Requirements? Yes: NA No: \_\_\_\_\_  
Compliance verified by: NA - DBE Implementation Agreement

**COUNTY COUNSEL:** (must approve all contracts and MOUs)

Approved: Foran Disapproved: \_\_\_\_\_ Date: 4/19/11 By: Teash Bed  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
APR 19 AM 7:31

**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: \_\_\_\_\_

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

Department(s): \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_