

Counsel please include this information in your billing description.	>	Contract #: 12-53565	Legistar # 12-1295	P&C #
	>	Index Code: 305100	Charge To #: 71328	
	>	<u>Project</u>		
	>	<u>Description:</u> Silva Valley Parkway Interchange Project #71328		

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Transportation
 Dept. Contact: Matt Smeltzer
 Phone: x5912
 Department Head
 Signature: _____
 Matt Smeltzer, P.E.
 Deputy Director

CONTRACTOR:

Name: Douglas Grant Line
Assoc., et al
 Address: _____
 Phone: _____

CONTRACTING DEPARTMENT: Transportation

Service Requested of Counsel/Risk: Review & Approve

Contract Term: _____ Contract Amount: \$300,000.00
 Compliance with Human Resources Requirements? Yes: X No: _____
 Compliance verified by: Contract Notification Sent N/A; HR Response Received _____
 OK per N/A

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: ✓ Disapproved: _____ Date: 11/15/10 By: Lush Bede
 Approved: _____ Disapproved: _____ Date: _____ By: _____

Please Return Directly to DOT.

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: _____