

CONTRACT ROUTING SHEETDate Prepared: 05/16/12Need Date: 05/25/12**PROCESSING DEPARTMENT:**Department: EMD for AQMDDept. Contact: Michele WeimerPhone #: 5670

Department: _____

Head Signature: [Signature]**CONTRACTOR:**Name: EDC DOT

Address: _____

Phone: _____

Phone: _____

CONTRACTING DEPARTMENT: AQMD - CHARGE TO 433200Service Requested: Funding for Class II bikeway on Cameron Park Dr.Contract Term: Amend to extend term 1yr Contract/Amendment Value: 119489Compliance with Human Resources requirements? Yes: ☒ No: ☐

Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)Approved: ☐ Disapproved: ☐ Date: _____ By: _____Approved: ☐ Disapproved: ☐ Date: 5/24/12 By: [Signature]

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

Departments: _____

Approved: ☐ Disapproved: ☐ Date: _____ By: _____Approved: ☐ Disapproved: ☐ Date: _____ By: _____

*be extended upon the same terms and conditions if mutually agreed upon in writing at

least sixty (60) days prior to
the expiration of the Agreement."