PROCESSING I	DEPARTMENT:	CONTRA	ACTOR:
	Community Development Agency	Name:	Kimley-Horn and Associates, Inc.
	Long Range Planning	Address	11919 Foundation Place
	Michele Weimer		Suite 200
Phone:	x5670 _ , / /		Gold River, CA 95670-6600
Authorized Signa	ature: Sharrie Bushy	Phone:	(916) 858-5800
	Sherrie Busby Administrative Services Officer Contract Services Unit		
CONTRACTING	DEPT: Transportation		
Service Request	ted: Review & Approve		
Contract Term:			*
	ment Amount: \$16,000.00		
	Human Resources Requirements:		No:
Compliance veri		2/27/2014 HR	Response Received:
	Ok Per:		
COUNTY COUN	ISEL: (must approve all contracts and	l MOUs)	
Approved:		Date:	By: By:
Approved:	Disapproved:	Date:	By:
	to Risk Management upon approval.		
	MENT: (All contracts and MOUs excep		
Approved:		Date:	
Approved:	Disapproved:	Date:	By:
OTHER APPRO	VAL: (Specify department(s) participation	ating or directly a	ffected by this contract)
Approved:		Date:	By:
Approved.	Disapproved:	Date:	By: