Counsel please include this information in	>	-14-53943	Legistar #:	Legistar #: 14-0632 Project #: 25000 A		P&C #: <b>592-O1411</b> Charge To #: <b>25000 A</b>	
	> >	Index Code: 306500	Project #:				
your billing description.		Project Local Agency Disadvantaged Business Enterprise (DBE) Annual Submittal Description: Form (Exhibit 9B) for Federal Fiscal Year 2014-2015					
		CONTRAC	CT ROU	TING	SHE	ET	
PROCESSING DEPARTMENT: CONTRACTOR:							
Department:	California Department of Transportation						
Division:	Address: Office of Local Assistance						
Dept Contact:	703 B Street						
Phone:		5102	T			Marysville, CA 95901	
Authorized Signature: \( \D \ R - \) \( \text{Euvert} \)  Sandy Ewert						(530) 741-5121 PR	
Contract Services Unit							
CONTRACTING	DF	EPT: Transportation				Marysville, CA 95901 2014 APR 28 AM 9: 35 No: X	
Service Requested: Review & Approve							
Contract Term: N/A							
Compliance with Human Resources Requirements: Vos: No: X							
Compliance verifi	ed	Val. 24, 355 and 255 and 355 a			Н	R Response Received:	
		Ok Per: N/A-D					
COUNTY COUNS		***				11-1101	
Approved: Disapproved: Date: By: By: By:							
Approved.	-	_ Disapproved	-	Date.		Бу	
		*			1		
		6					
-						9 2 3 7 60 7 7 60	
					-		
	*******						
Please forward t	o	Transportation upon	approval.				
RISK MANAGEM	1E	NT: (All contracts and	d MOUs excep	pt boilerp	olate gra	nt funding agreements	
Approved:						Ву:	
Approved:	_	_ Disapproved: _		Date:		By:	
		and the second s					
					2.5		
OTHER APPROV	/A	L: (Specify departm	ent(s) particip	oating or	directly	affected by this contract)	
Approved:		Disapproved:		Date:		By:	
Approved:		Disapproved:					
-				8			