CONTRACT ROUTING SHEET

Date Prepared:	1-10-2013	Need Date: 1-1	14-2013
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature: CONTRACTING IS Service Requeste Contract Term: 2	EPARTMENT: CDA-Long Range Planning Shawna Purvines X5362 Luly Aker	CONTRACTOR: Name: ICF Jo Address: 630 K Sacrar Phone: 916-73	nes & Stokes Street, Suite 400 nento, CA 95814 37-3000
COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: 1/14/2014 By: K. Markham Approved: Disapproved: Date: By:			
Approved:	Disapproved:	Date: Thawma Pur	Vines
2)	Exhibits will be ne	moved since the	
	The only change		
	TO RISK MANAGEMENT. THANK ENT: (All contracts and MOU' Disapproved: Disapproved:		funding agreements) By: By:
* condit	mal based in a	rtificates net	expired &
OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). Departments:			
Approved:	Disapproved: Disapproved:	Date: Date:	By: By: