| Counsel please include this information in your billing description. | Counsel please include this information in your billing description. | Counsel please | Counsel please

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT: Department: Community Development Agency Admin 8 Finance		CONTRACTOR: Name: Ascent Environmental, Inc.		
Dept Contact: Ashley Phone: x5974 Authorized Signature:	s. R. Ewit	S	Address: 455 Capitol Mall, Suite 300 Sacramento, CA 95814 Phone: (916) 930-3185	
Sr. Control Compliance with Human Compliance verified by:	s nount: \$147,000.00	Date Ne Funding Funds Yes: X No 7/28/2015 HR Re	esponse Received: 8/3/2015	
	Management upon approval.			
Approved:	(All contracts and MOUs exce Disapproved: Disapproved:	pt boilerplate grant fi Date: Date:	By: By:	
			3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
OTHER APPROVAL:	(Specify department(s) particip	pating or directly affe	cted by this contract)	
Approved:	Disapproved:	Date:		

Legistar #: 15-1423 Counsel please -15-54275 P&C#: 110-S1611 include this Index Code: 306500 Project #: 25000A Charge To #: 25000A information in Project On-Call CEQA/NEPA Environmental Review Services vour billing Description: description. CONTRACT ROUTING SHEET PROCESSING DEPARTMENT: **CONTRACTOR:** Whitney Environmental Consulting, Community Development Agency Department: Name: Inc. dba Foothill Associates Division: Transportation Address: 590 Menlo Dr, Suite 5 Dept Contact: Tom Meyer Rocklin, CA 95765 x5911 Phone: Phone: (916) 435-1202 Authorized Signature: V. R. WUX Sandra Ewert Sr. Dept. Analyst Contracts & Procurement Unit Date Submitted: 10/15/2015 CONTRACTING DEPT: CDA Date Needed: 10/29/2015 Service Requested: Review & Approve Funding Sources: Local, State and Federal Contract Term: 3 Years **Funds** Contract/Amendment Amount: \$147.000.00 Compliance with Human Resources Requirements: Yes: X No: Contract Notification Sent: 7/28/2015 HR Response Received: Compliance verified by: Ok Per: Judie Engel **COUNTY COUNSEL:** (must approve all contracts and MOUs) Date: 11/19/15 Disapproved: Approved: \/ Disapproved: Approved: Date: Please forward to Risk Management upon approval. RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements Approved: V Disapproved: Disapproved: Approved: (Specify department(s) participating or directly affected by this contract) OTHER APPROVAL: Date: Approved: Disapproved: By: Date: Disapproved: Approved: