## CONTRACT ROUTING SHEET

Date Prepared: 10/25/16
PROCESSING DEPARTMENT:
Department: Long Range Planning
Dept. Contact: Shawna Purvines
Phone \#:
Department Head Signature:

Need Date: 111906

## CONTRACTOR:

## Name: <br> N/A

Address:
Phone:

## CONTRACTING DEPARTMENT:

Long Range Planning
Service Requested: Review and Approval of Resolution making findings under Mitigation Fee Act for Traffic Impact Mitigation Fees

Contract Term: N/A
Contract Value: N/A
Compliance with Development Services requirements? Yes: N/A Compliance verified by: N/A

COUNTY COUNSEL: (Must approve all contracts and MOU's)


RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: $\qquad$ Date: $\qquad$ By:

Approved. $\qquad$ Disapproved: $\qquad$ Date: By: $\qquad$
N/A

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments:
Approved:
Approved: $\square$ Disapproved: Disapproved: $\qquad$ Date: Date: By: $\qquad$
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