include this information in your billing description.

# RESOLUTION ROUTING SHEET 

PROCESSING DEPARTMENT:
Department: Community Development Agency
Division: Transportation
Dept Contact: Cierra Garcia
Phone:
x4925
Dept Head Signature:


Service Requested: Review \& Approve
Contract Term:
NA
Contract/Amendment Amount: 0
Compliance with Human Resources Requirements: Yes: $\quad \mathbf{X}$ No:
Compliance verified by: Contract Notification Sent: NA - Resolution
COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved:
Approved:

CONTRACTOR: NA

## CONTRACTING DEPT: Transportation Division

Please formard to Risk Management upon approval.
RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements

Approved:
Approved:

Disapproved:
Disapproved:

Date: $5 / 7 / 18$
Date:
By: RO)

By:

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

