Addendum to Final EIR for TIM Fee Resolution #: XXX-2018 CONTRACT ROUTING SHEET

Date Prepared:	2-23-18	Need Date:	ASAP	
PROCESSING DEPARTMENT:		CONTRACT	CONTRACTOR:	
Department:	Community Development	Name: N	I/A	
-	Services			
Dept. Contact:	Natalie K. Porter	Address:		
Phone #:	530-621-5442			
Department Head Signature:	als th	Phone:		
CONTRACTING	DEPARTMENT: CDS, De	partment of Transporta	tion, Long Range Planning	
	d: Resolution Review and			
Contract Term: 1		Contract Amenda		
Compliance with I Compliance verified	Human Resources requirem ed by:	ents? Yes: _	No:	
COUNTY COUNS	SEL: (Must approve all cont	racts and MOU's)	N N	
Approved:	Disapproved:	Date: 4/1/14	By: D.LIVINGSTON	
Approved:	Disapproved:	Date:	By:	
The hearing for th	e technical update to the Tra	affic Impact Mitigation (TIM) Fee Program is scheduled	
			ing the Addendum to the Final	
			provement Program and Traffic	
Impact Mitigation	Fee Program for El Dorado	<u>County.</u>	2018	
*AS REVISED				
Resolution require	es County Counsel review ar	nd approval – initials co	onfirm approval.	
recondition require	o county counter review a			
RISK MANAGEM	ENT: (All contracts and MC	U's except boilerplate	grant funding agreements	
	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	
		and in the second in the second		
Departments:	AL: (Specify department(s)	participating or directly	y affected by this contract).	
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	