Contract \#: AGMT 09-52801
Legistar \# 09-1202
Montgomery Estates Area 1 Erosion Control Project Mitigated Negative Declaration (JN 95155)

## CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:
Department:
Dept. Contact:
Phone:
Department Head Signature:

Transportation
Steve Kooyman
X7910
Dames W. Ware, P.E.
Director of Transportation

CONTRACTOR:
Name: N/A

Address:
Phone:

EPARTMENT: Transportation
CONTRACTING DEPAR
Service Requested: N/A
Contract Term: N/A Contract/Amendment Amount: \$
Compliance with Human Resources Requirements? Yes: X No:
Compliance verified by: Contract Notification Sent ____ HR Response Received___ OK per : .

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved:


Approved:

Disapproved:
Disapproved:


Date: $\qquad$ By
By
y: $\qquad$

Mitigated Negative Declaration for Montgomery Estates Area 1 Erosion Control Project (JN 95155)
$\qquad$
RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements) Approved: Disapproved: $\qquad$ Date: $\qquad$ By: $\qquad$
Approved: $\qquad$ Disapproved: $\qquad$ Date:
By: $\qquad$
Risk Management review not required.
OTHER APPROVAL (Specify department(s) participating or directly affected by this contrati) Department(s):
Approved:
Approved:
$\qquad$ Disapproved
Date: $\qquad$ By


