

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/24/2020

Need Date: 05/11/2020

PROCESSING DEPARTMENT:

Department: Transportation

Dept. Contact: Ruth Cieri

Phone: x5840

Department Head Signature: Matthew Smeltzer

Digitally signed by Matthew Smeltzer
Date: 2020.04.29 14:57:11 -07'00'

CONTRACTOR:

Name: N/A

Address: N/A

Phone: N/A

Phone: N/A

Org Code: N/A

Project # _____

(if applicable): N/A

Funding Source: N/A

CONTRACTING DEPARTMENT: Transportation

Service Requested: Review and Approval

Description: Resolution - Confirming Annual Report of Benefit Assessments for CSA 10 FY 20/21

Contract Term: N/A Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 05/06/2020 By: Daniel Vandekoolwyk

Digitally signed by Daniel Vandekoolwyk
Date: 2020.05.06 15:23:34 -07'00'

Approved: Disapproved: Date: _____ By: _____

Approved with attached changes.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP zoneofbenefit@edcgov.us

Thank you!