

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08/09/2021

Need Date: 08/16/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: CAO-Admin & Finance
Dept. Contact: Becky Morton
Phone: 530-621-4008
Department: LeeAnn
Head Signature: Scheuring

Digitally signed by LeeAnn Scheuring
Date: 2021.08.13 06:16:08 -07'00'

Name: Department of Transportation (CalTrans)
Address: _____
Phone: _____
Org Code: 3600000
Project # _____
(if applicable): _____

Funding Source: 36000000-36INDIRECT-36GENERAL-36RR02

CONTRACTING DEPARTMENT: Department of Transportation

Service Requested: Contract Review

Description: Master Agreement to process Program Supplement Agreements for State-funded projects

Contract Term: N/A Contract Value: _____

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

Approved: Disapproved: Date: 08/13/2021 By: Daniel Vandekoolwyk
Approved: Disapproved: Date: _____ By: _____

Digitally signed by Daniel Vandekoolwyk
Date: 2021.08.13 16:54:31 -07'00'

Approve to form.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!