ADMINISTRATIVE REVIEW FORM Request for Council Action

See Reverse for Instructions

Log No.

I. <u>DIRECTORS AND / OR COMMISSIONERS</u> (Summary of Action Requested) Annual Sanitary Sower Capacity, Management, Operations and Maintenance (CMOM) Implementation Scruices RFP # 28-2011 - CONSENT DECREE			
Budgetary Implications: Yes No Advance Document Review: Law Risk Mgmt			
If "Yes', provide the following information. Prepare and attach a Budget Amendment if necessary.			
Fully Budgeted X	Partially Budgeted Not Budgeted		
ACCOUNT NUMBER		THIS FY IMPACT	ANNUAL IMPACT
4003 - 30340 - 34	25 - 71205	\$ 287,500	\$
PROJECT ROGRAMGR 2012 ACTIVITY CONSENT JE BUDGET REFERENCE 2012			
Director's Signature	Date	Commissioner's Signature	e Date
II. RECEIVED AND LOGGED FOR CHIEF ADMINISTRATIVE OFFICER Received By Date			
		Received By	Date
III. ADMINISTRATIVE SERVICES			O
Review By	<u>Initials / Date</u>	Approve Disapr	orove <u>Comments</u>
Department of Law			
Division of Budgeting			
Schedule No B-102 N			
Project Activity Budget Reference			
Fiscal Year Annual Impact \$ Current Balance \$			
Division of Human Resources			
Division of Community Development Division of Purchasing			
IV. POST REVIEW ACTION TAKEN Forward to CAOHoldReturn to Commissioner or Director			
V. CAO'S REVIEW			
New Business ItemApproveDisapproveHold and Reenter (Date)			
Pull Permanently Return to:			
		CAO	Date
VI. COW Work Session Recommendation			
Receive as Information Only			
Request Add'l Info from		To Council	
Other:			
		Council Administrator	Date