REQUEST FOR ADVERTISING AUTHORITY

This form must be completed and approved by the City Finance Office prior to presenting items to the City Council and/or Committees of the City Council. This covers all items which require formal bids, currently anything over \$25,000 (except emergency and repair costs)

PROJECT NAME	E: Arrowhead Dra	sinaga Racin Da	tantian Calla 20	10 0 201 K/I		
3:	OJECT NAME: Arrowhead Drainage Basin Detention Cells 20					
I. Project/Item(s) Description: Sediment removal to restore detention cells to original design						
capacity						

BID LETTING DA	ATE: November 27,	2012				
ESTIMATED CO	ST OF PROJECT/IT	EM(S) \$	60,000.00			
BASIS OF PAYM	MENT Assessed	Assessed			———	
	Single Payment		Pa	artial Payment X		
APPROPRIATIO	ON DATA					
Amount				<u> </u>		
Fund Nama						
runu mame						
Department						
Line Item	0911					
	4371					
Fund	505					
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		etion Date:		•		
	Estimated Grant I	Receipt Date:				
DEPARTMENT/C	DIVISION: Engi	neering				
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roject wanager	Mary Bosworth			_Date	9/7/2012	
Mu Mm				Date	9-10-12	
DIVISION MANA	GER Signature		•			
- tim 11/0/the				Date	9-10-12	
EPARTMENT C	DIRECTOR Signature			-		
FINANCE OFFICE USE ONLY		Approved		Carbon Copy		
ليس	Date Initial	Initial Yes		Investment Desk		
		<u> </u>		Public Works		
IOW				Project Manager		
	APPROPRIATION APPROPRIATION AMOUNT Fund Name Department Line Item Fund f applicable) EPARTMENT/E TOJECT Manager; EVISION MANA	SID LETTING DATE: November 27, STIMATED COST OF PROJECT/ITE SASIS OF PAYMENT Assessed Single Payment APPROPRIATION DATA Amount 60,000.00 Fund Name Drainage Department 8911 Line Item 4371 Fund 505 f applicable) Grant No.: Funding Source: Estimated Completes timated Grant For Signature PEPARTMENT/DIVISION: Engineroject-Manager: Mary Bosworth AMOUNT DIRECTOR Signature PEPARTMENT DIRECTOR Signature	SID LETTING DATE: November 27, 2012 STIMATED COST OF PROJECT/ITEM(S) \$ SASIS OF PAYMENT Assessed Single Payment APPROPRIATION DATA Amount 60,000.00 Fund Name Drainage Department 8911 Line Item 4371 Fund 505 If applicable) Grant No.: Funding Source: Estimated Completion Date: Estimated Grant Receipt Date: Estimated Grant Receipt Date: DEPARTMENT/DIVISION: Engineering roject Manager: Mary Bosworth AMUL MARY BOSWORTH APPROPRIATION DIRECTOR Signature EPARTMENT DIRECTOR Signature Date Initial Yes riation Date Initial Yes	APPROPRIATION DATA Amount 60,000.00 Fund Name Department Line Item 4371 Fund 505 f applicable) Grant No.: Funding Source: Estimated Completion Date: Estimated Grant Receipt Date: DEPARTMENT/DIVISION: Engineering TOJECT Manager: Mary Bosworth Date Initial Yes Date Initial Yes Page 60,000.00 No.: 60,000.00 Page Initial Yes Approved Approved Approved Approved Triation Approved Approved Approved Approved Triation Approved Approved Triation Approved Approved Triation Approved Approved Triation Approved Approved Text Approved Tex	APPROPRIATION DATA Amount Fund Name Department Line Item Fund Fund Garant No.: Funding Source: Estimated Completion Date: Estimated Grant Receipt Date: Estimated Grant Receipt Date: Department/DIVISION: Engineering Toject-Manager: Mary Bosworth Date Dat	

