

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)

I. PROJECT NO.: 15-2255 CIP No. 51051
 II. PROJECT NAME: Meade Channel Rehab
 III. Project/Item(s) Description: Replace approximately 300 LF of collapsed channel wall

IV. BID LETTING DATE: September 15, 2015

V. ESTIMATED COST OF PROJECT/ITEM(S) \$ 200,000.00

VI. BASIS OF PAYMENT Assessed Non-Assessed
 Single Payment Partial Payment

VII. APPROPRIATION DATA

Amount	\$200,000				
Fund Name	Stormwater				
Department	7402				
Line Item	4255				
Fund	609				

VIII. (If applicable) Grant No.: _____
 Funding Source: _____
 Estimated Completion Date: _____
 Estimated Grant Receipt Date: _____

IX. DEPARTMENT/DIVISION:

Project Manager: *Bh [Signature]* Date 7/28/15
 _____ Date _____
 DIVISION MANAGER Signature
TW [Signature] Date 7-30-15
 DEPARTMENT DIRECTOR Signature

FINANCE OFFICE USE ONLY		Approved		Carbon Copy
Appropriation	Date	Initial	Yes	Investment Desk
Cash Flow				Public Works
				Engineering
				Project Manager