


CONTRACT ROUTING SHEET

Date Prepared: 9/14/10

Need Date: 9/28/10

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Amy Higdon
Phone #: x4836
Department Head Signature: 
Daniel Nielson, Director

CONTRACTOR:


Name: El Dorado Irrigation District
Address: 2890 Mosquito Road
Placerville, CA 95667
Phone: _____

CONTRACTING DEPARTMENT:

Human Services

Service Requested: MOU regarding the administration of the Helping Hands Outreach Program.
Contract Term: Upon execution to ongoing Contract Value: _____
Compliance with Human Resources requirements? NA Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 10-1-10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

10 OCT -14 PM 11:56
HUMAN SERVICES DEPT

EL DORADO COUNTY COUNSEL
2010 SEP 16 AM 10:55

RISK MANAGEMENT: (Must approve all contracts, MOU's and boilerplate grant agreements)

Approved: Disapproved: _____ Date: 10/5/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please call Amy Higdon at x4836 for pick-up. Thanks!

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____