

CONTRACT ROUTING SHEET

Date Prepared: 4/3/12

Need Date: 4/17/12

PROCESSING DEPARTMENT:

Department: Health & Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department _____

Head Signature: _____

Daniel Nielson, Director

CONTRACTOR(Funding Agency):

Name: _____

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Health & Human Services - CSD

Compliance with Human Resources requirements? NA Yes: _____ No: _____

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 4-7-12 By: [Signature]

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

EL DORADO COUNTY COUNSEL
2012 APR -3 PM 3:39

Risk Management approval not required. Please call Amy Higdon x4836 for pick-up. Thanks!

RISK MANAGEMENT: (All contracts, MOU's and boilerplate grant funding agreements)

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

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

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

Departments: _____

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

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