

CONTRACT ROUTING SHEET

URGENT

Date Prepared: 2-11-08

Need Date: 2-15-08

PROCESSING DEPARTMENT:

Department: Human Services (CS)
Dept. Contact: Jasara Bento
Phone #: 7312
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: CA. Dept. of Community Svcs. & Dev.
Address: P.O. Box 1947
Sacramento, CA 95812-1947
Phone: 916-341-4262

CONTRACTING DEPARTMENT: Human Services (Community Services Division)

Compliance with Human Resources requirements? Yes: x No: _____
Compliance verified by: Pending - Contacted HR 2/11/08 Approved by Patti Barton 2/11/08

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

Approved: ✓ Disapproved: _____ Date: 2-12-08 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE EXPEDITE - RETROACTIVE GRANT CONTRACT EFFECTIVE 1/1/08.
THANKS! Need by 2/15/08 to meet CAO deadline for 3/11/08 Agenda.

ASSIGNMENT
DATE: 02/11/08
ATTORNEY: ED KURAPPA
EP INDEX NO.: 53/610
ADD

ELDER & VOLUNTARY COUNSEL
RECEIVED
FEB 11 PM 2:51
[Signature]

PLEASE HAND DELIVER TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 2/12/08 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Self-Insurance Letter requested 2-11-08 separate cover.

RECEIVED
HUMAN RESOURCES DEPT
FEB 12 PM 2:10

PLEASE CALL JASARA AT X7312 WHEN READY FOR PICKUP. THANKS!

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

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