

CONTRACT ROUTING SHEET

Date Prepared: 5/11/11

Need Date: 5/24/11

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: University of Houston
Address: 4800 Calhoun
Houston, TX 77204
Phone: _____

RECEIVED
HUMAN RESOURCES DEPT
11 MAY 17 AM 11:15

CONTRACTING DEPARTMENT: Human Services

Service Requested: DHS to provide supervised practice educational experiences for Dietetic Interns

Contract Term: Upon execution to five years Contract Value: \$0

Compliance with Human Resources requirements? Yes: n/a No: _____

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 5-17-11 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2011 MAY 16 AM 10:5

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

Approved: _____ Disapproved: ✓ Date: 5/22/11 By: *[Signature]*
Approved: ✓ Disapproved: _____ Date: 6/2/11 By: *[Signature]*

Return to Dept - no Ins cert's.
6/6/11 Insurance cert attached. AH

Please contact 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: _____