

CONTRACT ROUTING SHEET

Date Prepared: 10/31/07

Need Date: _____

PROCESSING DEPARTMENT:

Department: CAO/Proc. & Contracts

Dept. Contact: Dustin Bailey

Phone #: 5577

Department: _____

Bonnie H. Rich
Bonnie H. Rich

CONTRACTOR:

Name: Placer Co. Health Administration

Address: 379 Nevada Street

Auburn, CA 95603

Phone: 530-886-1851

2007 OCT 31 AM 15:31
EL DORADO COUNTY COUNSEL
Sharon McLaughlin

CONTRACTING DEPARTMENT: Human Services

Service Requested: Child Welfare Referrals / Cases

Contract Term: Perpetual Contract Value: \$50,000

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

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 11-15-07 By: [Signature]

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

ASSIGNMENT

DATE: 11/15/07
ATTORNEY: SA Tracy
EPT./INDEX NO.: 026103
BY: AH

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 11/16/07 By: [Signature]

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

2007 NOV 16 AM 8:10
HUMAN RESOURCES DEPT

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

Departments: _____

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

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