

CONTRACT ROUTING SHEET

Date Prepared: 11/1/07

Need Date: _____

PROCESSING DEPARTMENT:

Department: CAO/Proc. & Contracts
Dept. Contact: Dustin Bailey
Phone #: 5833
Department
Head Signature: Bonnie H. Rich
Bonnie H. Rich

CONTRACTOR:

Name: Northstar, Supported Living
Address: 4171 Starkes Grade Road
Placerville, CA 95667
Phone: 530-644-6667

CONTRACTING DEPARTMENT: Human Services

Service Requested: Section 8 Housing Choice Voucher Program
Contract Term: Perpetual Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 11-2-07 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

DATE	ASSIGNMENT	ATTORNEY	DEPT./INDEX NO.	BY:
<u>11/2/07</u>	<u>ADD</u>	<u>[Signature]</u>	<u>000000</u>	<u>[Signature]</u>

RECEIVED
 HUMAN RESOURCES DEPT
 07 NOV -5 PM 12:00
 EL DORADO COUNTY COUNSEL
 2007 NOV 9 9:50 AM
 IN EXECUTIVE
 ADD

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 11/5/07 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
 HUMAN RESOURCES DEPT
 07 NOV -5 PM 12:00

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

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