

# CONTRACT ROUTING SHEET 012-F0910

Date Prepared: July 3, 2008

Need Date: 7/18/08

**PROCESSING DEPARTMENT:**

Department: Public Health

Dept. Contact: Kathy Lang

Phone #: 621-6362

Department Head Signature: *Gayle Erbe-Hamlin*  
 Gayle Erbe-Hamlin

**CONTRACTOR:**

Name: First 5 Children & Families Commission

Address: 4111 Creekside Drive, Suite 100  
 Shingle Springs, CA 95682

Phone: (530) 672-8298

EL DORADO COUNTY COUNSEL  
 2008 JUL 3 10 31 AM

**CONTRACTING DEPARTMENT:** Public Health

Service Requested: Funding for First 5 children aged 0-5 to obtain oral healthcare

Contract Term: 7/1/08 thru 6/30/09 Contract Value: \$35,000

Compliance with Human Resources requirements? Yes:            No:   x  

Compliance verified by: N/A incoming funding

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

Approved:            Disapproved:            Date: 7/23/08 By: *[Signature]*  
 Approved:            Disapproved:            Date:            By:           

ASSIGNMENT

DATE 7/2/08

ATTORNEY LS

DEPT. INDEX NO. 403111

JK

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:            Disapproved:            Date: 7/25/08 By: *[Signature]*  
 Approved:            Disapproved:            Date:            By:           

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

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