

# CONTRACT ROUTING SHEET

Date Prepared: 04/01/11

Need Date: 04/12/11

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Ren Scammon

Phone #: 4852

Department: \_\_\_\_\_

Head Signature: *Carol Watson*

**CONTRACTOR:**

Name: Dept. of Housing & Community Development

Address: 1800 Third Street, MS #350  
Sacramento, CA 95811

Phone: 916-322-7558

RECEIVED  
HUMAN RESOURCES DEPT  
11 APR - 8 AM '11

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: State HOME Program Standard Agreement #10-HOME-6850

Contract Term: Execution Date - 07/31/28 Contract Value: \$800,000.00

Compliance with Human Resources requirements? Yes: N/A No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 4-8-11 By: *Carol Watson*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*\* Please add identity of contract administrator on cover sheet of standard state contract.*

EL DORADO COUNTY COUNSEL  
APR 11 10:47 AM '11

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 4/8/11 By: *MSP*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_ Please call Yvette Wencke at x-4864 for pick up.

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_