

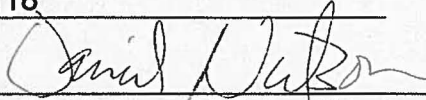
Resolution #: \_\_\_\_\_  
Index Code: 530500

# CONTRACT ROUTING SHEET

Date Prepared: October 19, 2012

Need Date: November 2, 2012

**PROCESSING DEPARTMENT:**

Department: HHSA / Social Services  
Dept. Contact: DeAnn Osborn  
Phone #: 7118  
Department  
Head Signature:   
Daniel Nielson, M.P.A., Director

**CONTRACTOR:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

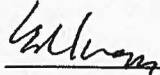
EL DORADO COUNTY COUNSEL  
2012 OCT 22 AM 11:11

**CONTRACTING DEPARTMENT:** Health and Human Services Agency / Social Services

Service Requested: Resolution authorizing annual submission of CalWORKS County Joint Application to CA Dept. of Education in collaboration with El Dorado County Office of Education for CalWORKs funding

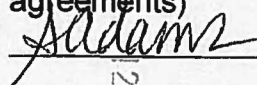
Contract Term: \_\_\_\_\_ Grant Value: Varies annually  
Compliance with Human Resources requirements? Yes No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 10-23-12 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 10-23-2012 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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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: \_\_\_\_\_