

CONTRACT ROUTING SHEET

Date Prepared: October 5, 2011

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: DeAnn Osborn

Phone #: X7338

Department Head Signature: *[Signature]*

Daniel Nielson, Director

CONTRACTOR:

Name: CA Dept. of Child Support Services

Address: PO Box 419064
Rancho Cordova, CA 95741-9064

Phone: 916-464-5774

CONTRACTING DEPARTMENT: Human Services (Social Services)

Service Requested: On-line access to CDCSS Child Support Enforcement System

Contract Term: Upon execution Contract Value: \$0.00

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

Compliance verified by: *[Signature]* 10/19/11

COUNTY COUNSEL: (Must approve all contracts and MOUs)

Approved: ✓ Disapproved: _____ Date: 10-11-11 By: *[Signature]*

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

RECEIVED
COUNTY COUNSEL
2011 OCT 11 AM 11:50

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

Approved: ✓ Disapproved: _____ Date: 10/19/11 By: *[Signature]*

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

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HUMAN RESOURCES DEPT.
11 OCT 12 PM 2:50

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

Departments: _____

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

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

Please contact DeAnn Osborn (X7338) to arrange for pick-up. Thank you!