

CONTRACT ROUTING SHEET

Date Prepared: 4/30/12

Need Date: 5/14/12

PROCESSING DEPARTMENT:

Department: Health & Human Services
Dept. Contact: Amy Higdon
Phone #: 4836
Department
Head Signature: *Daniel Nielson*
Daniel Nielson, Director

CONTRACTOR:

Name: The Regents of the Univ of CA
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Health and Human Services - CS

Service Requested: Agency Agreement for Workforce Investment Act Program clients Individual Training Account (ITA).

Contract Term: Up to twelve months Contract Value: Up to \$ 8,000

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

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 7-20-12 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: El Dorado County Counsel

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2012
El Dorado County Counsel

**Since Bos approved original contract, Bos should approve any amendment.*

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

Approved: Disapproved: _____ Date: 7-24-12 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Public Agency - STATE OF CA

RISK MANAGER
EL DORADO COUNTY

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HUMAN RESOURCES DEPT.

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

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