

CONTRACT ROUTING SHEET

Date Prepared: 3/5/08

Need Date: 3/10/08 RUSH - for BOB meeting on 4/1/08

PROCESSING DEPARTMENT:

Department: Human Services
Community Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department: _____

Head Signature: 
Doug Nowka, Director

CONTRACTOR:

Name: CA Dept. of Community Services and Development

Address: P.O. Box 1947
Sacramento, CA 95812-1947

Phone: 916-341-4200

CONTRACTING DEPARTMENT: Human Services (Community Services Division)

Compliance with Human Resources requirements? Yes: x No: _____

Compliance verified by: Mary Kimbell-Smith with original agreement 12/05

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

Approved: ✓ Disapproved: _____ Date: 3-10-08 By: 

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

ASSIGNMENT
03/07/2008
BY: ELK
ATTORNEY
DEPT. INDEX NO. 531010
BY: JH

PLEASE HAND CARRY TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (Must approve all contracts, MOU's and boilerplate grant agreements)

Approved: ✓ Disapproved: _____ Date: 3/11/08 By: 

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

RECEIVED
HUMAN RESOURCES DEPT
03/11/08 AM 1:41

PLEASE CALL AMY HIGDON AT x4836 FOR PICK UP. THANKS!

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

Departments: _____

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

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