

CONTRACT ROUTING SHEET

Date Prepared: 4/8/09

Need Date: _____

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Yasmin Hichborn
Phone #: 642-4833
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: Womenspace Unlimited SLTWC
Address: 2941 Lake Tahoe Blvd
South Lake Tahoe, CA 96150
Phone: 530-544-4444

CONTRACTING DEPARTMENT: Human Services

Service Requested: Participation in the Medi-Cal Admin. Activities (MAA) program
Contract Term: 2009/2010 and ongoing Contract Value: unknown \$0.00 n/a
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: Cheryl Dorosh 4/13/09

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

Approved: ✓ Disapproved: _____ Date: 4-24-09 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
09 APR 28 AM 10:30

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 4/29/09 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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