

CONTRACT ROUTING SHEET

Date Prepared: 07/13/10

Need Date: 7/26/10

PROCESSING DEPARTMENT:

Department: Human Services
 Dept. Contact: Cynthia Kjellin *CHK*
 Phone #: Ext. 7266
 Department: HCED Programs
 Head Signature: *Daniel Nielson*
 Daniel Nielson, M.P.A.,
 Director

CONTRACTOR:

Name: _____
 Address: _____
 Phone: _____

HUMAN SERVICES DEPT
 10 JUL 16 PM 4:50

CONTRACTING DEPARTMENT: HUMAN SERVICES

Service Requested: Resolution Review and Approval
 Contract Term: _____ Contract Value: \$0.00
 Compliance with Human Resources requirements? Yes: N/A No: _____
 Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 7-16-10 By: *[Signature]*
 Approved: _____ Disapproved: _____ Date: _____ By: _____

Resolution authorizing submittal of an application for program activity funding under the HOME Investment Partnerships Program 2010 Notice of Funding Availability, and execution of a grant agreement if funded, including any amendments thereto.

EL DORADO COUNTY COUNSEL
 2010 JUL 15 PM 12:04

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 7/19/10 By: *[Signature]*
 Approved: _____ Disapproved: _____ Date: _____ By: _____

Please call C.J. Freeland at Human Services for pick up --- ext. 4863

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

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