


Contract #: 038-S1511  
Index Code: 530500

# CONTRACT ROUTING SHEET

Date Prepared: 4/21/14

Need Date: 5/16/14 HW

**PROCESSING DEPARTMENT:**

Department: HNSA/SSD  
Dept. Contact: Heather Longo  
Phone #: X7373  
Department  
Head Signature: 

**CONTRACTOR:**

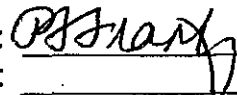
Name: Regents of Univ. CA Davis  
Address: 1632 Da Vinci Ct  
Davis, CA 95618  
Phone: 530-757-8667

Don Ashton, M.P.A.,  
Director

**CONTRACTING DEPARTMENT:** HNSA/Social Services Division

Service Requested: Trainings related to Social Services and associated programs  
Contract Term: 7/1/14-6/30/15 Contract/Grant Value: 67150.00  
Compliance with Human Resources requirements? N/A Yes x No:  
Compliance verified by: Mike Strella 4/21/14


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

Approved: X Disapproved: \_\_\_\_\_ Date: 5/1/14 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Non std indemnity shd be called out to BOS, not preferable, but  
might be acceptable risk for teaching K done @ our site  
included language in BOS file item. HW 5/1/14

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: / Disapproved: \_\_\_\_\_ Date: 5/1/14 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

please obtain current letter of self insurance  
prior to start of contract  
Noted. HW 5/1/14

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

**NOTE:** Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: \_\_\_\_\_

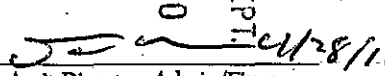
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please contact Heather Longo x7373 with questions or for contract packet pick-up. Thank you!

  
Contracts Supe Review/Date

Program Mgr. Review/Date

  
CFO Review/Date 4/25/14

  
Ass't Director-Admin/Finance