## CONTRACT ROUTING SHEET

Department Head Signature:  Daniel Nielson  CONTRACTING DEPARTMENT: Human Services (Social Services)  Service Requested: Second amended Joint Exercise of Powers Agreement documents the C-IV regional organization  Contract Term: Perpetual Contract Value:  Compliance with Human Resources requirements? Yes:  No: N/Compliance verified by:  COUNTY COUNSEL: (Must approve all contracts and MOUs)  Approved:  Disapproved:  Disa			
Department: Human Services  Dept. Contact: DeAnn Osborn Phone #: X7338  Department Head Signature: Daniel Nielson  CONTRACTING DEPARTMENT: Human Services (Social Services)  Service Requested: Second amended Joint Exercise of Powers Agreement documents the C-IV regional organization  Contract Term: Perpetual Contract Value: No: No: No: No: No: No: No: No: No: No			
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Phone #: X7338 Rancho Cordova, CA 956 4481 Department Head Signature: Daniel Nielson  CONTRACTING DEPARTMENT: Human Services (Social Services) Service Requested: Second amended Joint Exercise of Powers Agreement documents the C-IV regional organization  Contract Term: Perpetual Contract Value: \$0 \$IV.500 Compliance with Human Resources requirements? Yes: No: NV. Compliance verified by:  COUNTY COUNSEL: (Must approve all contracts and MOUs) Approved: Disapproved: Date: 3-1/4 By: Sulface  Approved: Disapproved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Disapproved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Disapproved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Disapproved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Disapproved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Disapproved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Disapproved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Disapproved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Disapproved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Date: 3-1/4 By: Sulface  PLEASE FORWARD TO RISK MANAGEMENT: THANKS! Approved: Date: 3-1/4 By: Sulface			
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