

MOU  
Contract #: PHD 07/09-01

# CONTRACT ROUTING SHEET

### PROCESSING DEPARTMENT:

Department: Human Services  
Dept. Contact: Yasmin Hitchborn  
Phone #: 621-6248  
Department Head  
Signature: [Signature]

### CONTRACTOR:

Name: Public Health Dept.  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### CONTRACTING DEPARTMENT:

Human Services / Community Svcs Div.  
Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: n/a between 2 depts.

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

Approved:  Disapproved:  Date: 5-11-07 By: [Signature]  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

2007 MAY - 3 PM 3:54  
EL DORADO COUNTY COUNSEL  
[Signature]

ASSIGNMENT	DATE	ATTORNEY	DEPT. INDEX NO.	BY:
	05/04/2007	[Signature]	531000	[Signature]

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

Approved:  Disapproved:  Date: 5/11/07 By: [Signature]  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT  
MAY 11 AM 9:36

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

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