Contract #: 09-EDEF-6547

CONTRACT ROUTING SHEET

Date Prepared:	08/24/10	Need Date	e: 9/06/10		
PROCESSING D	EPARTMENT:	CONTRAC	CTOR:		
Department:	Human Services	Name:	Dept. of Housing Development	& Community	
Dept. Contact: Cynthia Kjellin		Address:	1800 Third Street	Third Street, suite 350	
Phone #:	7266		Sacramento, CA 95811		
Department Head Signature:	anil Willon	Phone:	916-319-8400		
	(20)/000/				
CONTRACTING I	DEPARTMENT: Human S	Services			
	d: State Community Deve 6547			ent #09-EDEF-	
	xecution Date - 03/31/13		\$30	00,000.00	
Compliance with I Compliance verification	Human Resources requiremed by:	ents? Yes:	N/A No		
COUNTY COUNS	EL: (Must approve all cont	racts and MOU's)		11	
Approved:	Disapproved:	Date:	16-10 By: 4	May	
Approved:	Disapproved:	Date:	By:	(")	
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PLEASE FORWARD	TO RISK MANAGEMENT. THA			7	
RISK MANAGEM				reements)	
Approved: Approved:	Disapproved:	Date: _ <i>_9/10</i> Date:	6/10 By:	111010	
Approved.	Disappioved	Date.	By:	<u> </u>	
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Departments:	AL: (Specify department(s)	participating or direc	tly aπected by this	on b	
Approved:	Disapproved:	Date:	By:	<u> </u>	
Approved:	Disapproved:	Date:	By:		

Rev. 12/2000 (GS-GVP)