

Contract #: Resolution
Index Code: 401111

CONTRACT ROUTING SHEET

Date Prepared: Wednesday, October 09, 2013 *To Counsel: 10/15/13* Need Date: Friday, Oct 18, 2013

PROCESSING DEPARTMENT:

Department: Health & Human Services Agency
Dept. Contact: Kathy Lang
Phone #: X 7147
Department
Head Signature: *Don Ashton*
Don Ashton, M.P.A., Interim Director

CONTRACTOR:

Name: Resolution for CMSP
Address: .
Phone: .

CONTRACTING DEPARTMENT: Health and Human Services Agency – Public Health
Service Requested: Resolution for redirection of Health Realignment funds.
Contract Term: Submission to State deadline 12/4/13 Contract/Grant Value: \$0

Compliance with Human Resources requirements? N/A Yes No:
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 10/18/2013 By: *K. Markham*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please return to Dept by 10/18/13 for Rush Board Item

EL DORADO COUNTY COUNSEL
2013 OCT 15 PM 1:39

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

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

Does not require Risk Management review.

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

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

Contracts Supe Review/Date _____ Program Mgr. Review/Date _____
Karen G. Cole 10/9/13 *[Signature] 10/15/13*
Contracts Mgr. Review/Date _____ CFO Review/Date _____