

# CONTRACT ROUTING SHEET

Date Prepared: 12/30/11

Need Date: 1/13/12

**PROCESSING DEPARTMENT:**

Department: Health & Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department: \_\_\_\_\_

Head Signature: *Daniel Nielson*  
Daniel Nielson, Director

**CONTRACTOR:**

Name: CA Dept. of Community Services & Development

Address: P.O. Box 1947

Sacramento, CA 95812-1947

Phone: 916-341-4262

RECEIVED  
HUMAN RESOURCES DEPARTMENT  
12 JAN - 9 AM 11:41 2012 JAH  
COUNTY COUNSEL  
PM 12:08

**CONTRACTING DEPARTMENT:** Human Services

Compliance with Human Resources requirements? Yes: x No: \_\_\_\_\_

Compliance verified by: HR-12/30/11

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1-5-12 By: *[Signature]*

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

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1/10/12 By: *[Signature]*

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

Please call Amy Higdon at x4836 for pick-up. Thanks!

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

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

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

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