Contract: WIC Agreement 11-10461 & Resolution

CONTRACT ROUTING SHEET

Date Prepared:	1/13/12	Need Da	te: 1/23/12 -	PLEASE HUSH	
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	Health & Human Services Amy Higdon x4836 Multi-Jamey Daniel Nielson, Director	CONTRA Name: Address: Phone:	CA Dept. of Pu 3901 Lenna	ne Drive 2 , CA 95834 5	REBOUNDES DEPT
	DEPARTMENT: Human Sen Human Resources requirements ed by: Mike Strella – 1/12/12		X	No:	<u>m</u>
Approved: Approved:	SEL: (Must approve all contract Disapproved: Disapproved:	s and MOU's) Date:/	1-18-12 B B	y: 4 4 1 2 2 9	DORADA COUNTY COUNSEL
RISK MANAGEN Approved: Approved:	IENT: (All contracts, MOU's and Disapproved: Disapproved:	d boilerplate grai Date: 122 Date:	B	eements) y: <i> Clev</i> y:	
	x4836 for pick-up. Thanks! /AL: (Specify department(s) pa Disapproved: Disapproved:	rticipating or dire Date: Date:	B	by this contract). y:y:	
		Charles Const.			