

# CONTRACT ROUTING SHEET

Date Prepared: 11/14/11

Need Date: 11/28/11

**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

EL DORADO COUNTY COUNSEL  
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**CONTRACTING DEPARTMENT:** Human Services

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

Compliance verified by: HR-Mike Strella with original agreement.

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 11-18-11 By: *Ed Kopp*

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

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 11/22/11 By: *Janet...*

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

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

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

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

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

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