

CONTRACT ROUTING SHEET

Date Prepared: 12/30/09

Need Date: 1/6/10

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department Head Signature: 

Daniel Nielson, Director

CONTRACTOR:

Name: CA Dept. of Community Services & Development

Address: P.O. Box 1947

Sacramento, CA 95812-1947

Phone: 916-341-4262

CONTRACTING DEPARTMENT: Human Services

Compliance with Human Resources requirements? Yes: x No:

Compliance verified by: Pending - Contacted HR 12/29/09 Mike Strella 1/4/10

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

Approved: Disapproved: Date: 1-5-09 By: 

Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL
2009 DEC 30 PM 4:12

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

Approved: Disapproved: Date: 1/6/10 By: 

Approved: Disapproved: Date: By:

HUMAN SERVICES DEPT
10 JAN -5 PM 3:04

PLEASE CONTACT AMY WHEN READY FOR PICKUP.
THANKS!

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

Departments:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

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Approved: Disapproved: Date: By: