

CONTRACT ROUTING SHEET

Date Prepared: 5/31/11

Need Date: 6/7/11 - PLEASE RUSH

PROCESSING DEPARTMENT:

Department: 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

CONTRACTING DEPARTMENT: Human Services

Compliance with Human Resources requirements? Yes: x No: _____

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

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

Approved: ✓ Disapproved: _____ Date: 6-3-11 By: *[Signature]*

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

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

Approved: ✓ Disapproved: _____ Date: 6/7/11 By: *[Signature]*

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

EL DORADO COUNTY COUNSEL
2011 MAY 32 AM 11:53

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

Departments: _____

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

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