

CONTRACT ROUTING SHEET

Date Prepared: 4/30/12

Need Date: 5/14/12

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

CONTRACTING DEPARTMENT: Health & Human Services - CS

Compliance with Human Resources requirements? Yes: x No:

Compliance verified by: HR-12/30/11 with original contract

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

Approved: ✓ Disapproved: Date: 5-4-12 By: *[Signature]*

Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL
2012 MAY - 1 AM 10:11

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

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

Approved: Disapproved: Date: By:

Public Agency - State of CA

RECEIVED
HUMAN RESOURCES DEPT.
12 MAY - 4 PM 031

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: