

Contract #: 345-M1511
Index Code: 530500

HHSA INTERNAL ONLY CONTRACT ROUTING SHEET

Date Prepared: 2/19/15

Need Date: _____

PROCESSING DEPARTMENT:

Department: HHSA/Social Services
Dept. Contact: Heather Longo
Phone #: X7373
Department
Head Signature: [Signature]
Don Ashton, M.P.A., Director

CONTRACTOR:

Name: EDC District Attorney's Office
Address: 525 Main Street
Placerville, CA 95667
Phone: 530/621-6472

CONTRACTING DEPARTMENT: HHSA/Social Services Division

Service Requested: Purchase of Services MOU and Welfare Fraud Control Plan of Cooperation Concerning the Investigation and Management of Prosecution of Crimes Against CalWORKs, CalFresh, CMSP, and other Public Assistance Programs

Contract Term: Upon execution, 3 years
Contract/Grant Value: \$476,000/yr (\$1,428,000 for term)

Compliance with Human Resources requirements? N/A X Yes _____ No: _____

Compliance verified by: Judie Engle verified not applicable on 1/15/15

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

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

Interdepartmental MOUs do not need to be routed per attached Contract Routing Sheet

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

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

Interdepartmental MOUs do not need to be routed per the attached Contract Routing Sheet.

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

NOTE:

Departments: District Attorney
Approved: [Signature] Disapproved: _____ Date: 2/25/15 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

PREVIOUSLY APPROVED BY OTHER DEPARTMENT – please see attached approved Contract Routing Sheet

[Signature] 2/28/15
CFO Review Date

[Signature] 2/24/15
Program Manager II, Administration and Contracts Date

[Handwritten] 2/19/15