

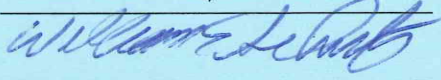
CONTRACT ROUTING SHEET

Date Prepared: 11/02/17

Need Date: 12/05/17

PROCESSING DEPARTMENT:

Department: Veteran Affairs
Dept. Contact: Patricia Morello
Phone #: X5892
Department: Lance Poinsett, VSO
Head Signature: William E. Schultz, Interim Director



CONTRACTOR:

Name: CAL-VET (CA Dept. Veteran Affairs)
Address: Veteran Services Division
P.O. Box 942895
Phone: Sacramento CA 94295-0001
(916) 653-2573

CONTRACTING DEPARTMENT: Veteran Affairs (FY1718)

Service Requested: Participation in Medi-Cal Cost Avoidance & County Subvention Programs
Contract Term: Annual Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: N/A No: N/A
Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 11/7/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
NOV - 3 AM 10:11

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [Signature] Disapproved: _____ Date: 11-9-17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Not applicable to Risk Management.

NOTHING FOR RISK

AM 11:47 HR/RM NOV 8 '17

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

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

Not applicable