

CONTRACT ROUTING SHEET

Date Prepared: 11/10/10

Need Date: 11/24/10

PROCESSING DEPARTMENT:

Department: Human Services

CONTRACTOR:

Name: Economic Development Corporation of El Dorado County

Dept. Contact: Amy Higdon

Phone #: x4836

Department: _____

Head Signature: *[Signature]*

Daniel Nielson, Director

Address: 542 Main Street

Placerville, CA 95667

Phone: _____

RECEIVED
HUMAN RESOURCES DEPT
11 NOV 19 AM 11:22

CONTRACTING DEPARTMENT: Human Services

Service Requested: Operational agreement for workforce and business services.

Contract Term: Upon execution to ongoing Contract Value: Non-financial

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

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 11-19-10 By: *[Signature]*

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

EL DORADO COUNTY COUNSEL
2010 NOV 15 AM 10:49

RISK MANAGEMENT: (Must approve all contracts, MOU's and boilerplate grant agreements)

Approved: ✓ Disapproved: _____ Date: 11/19/10 By: *[Signature]*

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

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: _____