


Contract #: 093-F1511
Index Code: 531160

CONTRACT ROUTING SHEET

Date Prepared: 6/16/14

Need Date: 7/22/14

PROCESSING DEPARTMENT:

Department: Health & Human Services
Dept. Contact: Amy Higdon
Phone #: x4836
Department
Head Signature: 
Don Ashton, M.P.A., Director


FUNDING AGENCY:

Name: Women's Fund El Dorado
Address: P.O. Box 1388
Placerville, CA 95667
Phone: 530-622-5621

CONTRACTING DEPARTMENT: HHS - Community Services

Service Requested: Grant funding agreement
Contract Term: 7/1/14-6/30/15 Contract/Grant Value: \$1,447.79
Compliance with Human Resources requirements? N/A x Yes No:
Compliance verified by:


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

Approved: X Disapproved: Date: 7/14/14 By: 
Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL
2014
9 PM 4:22

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: ✓ Disapproved: Date: 7/15/14 By: 
Approved: Disapproved: Date: By:

Please contact Amy Higdon for pick-up. Thank you!

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

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

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Contracts Supe Review/Date: Program Mgr:  4/18/14 Review/Date: CFO:  Review/Date: Asst Director Admin/Finance:  7/17/14 Date: