

CONTRACT ROUTING SHEET

Date Prepared: 08/04/2009

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shawna Purvines
Phone #: x, 6276
Department
Head Signature: *Daniel Nielson*
Daniel Nielson, Director

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Human Services

Service Requested: Resolution Review and Approval
Contract Term: _____ Contract Value: _____
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 8-7-09 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Resolution authorizing submittal of an application for funding under the Community Development Block Grant Program Economic Development Enterprise Component allocation Fiscal Year 2009-10 Notice of Funding Availability and execution of a grant agreement if funded, including any amendments thereto.

Resolution requires County Counsel review and approval – initials confirm approval. *[Initials]*

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

Approved: Disapproved: _____ Date: 8/12/09 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

N/A

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

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

RECEIVED
HUMAN RESOURCES DEPT
09 AUG 11 PM 2:18
2009 AUG - 11 2:00
EL DONADO COUNTY