

CONTRACT ROUTING SHEET

Date Prepared: 5-21-10

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department: _____

Head Signature: *Daniel Nielsen*

CONTRACTOR:

Name: Sacramento County Dept of Human Assistance

Address: 2433 Marconi Avenue
Sacramento, CA 95821

Phone: 916 875 3525

CONTRACTING DEPARTMENT: Human Services

Service Requested: Cash Assistance Program for Immigrants (CAPI)

Contract Term: 7-1-10 – 6-30-15 Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: n/a No: _____

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 6-11-10 By: *Calvin*

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

2011 MAY 25 AM 10:59
CLERK/SG COUNTY COUNCIL
HUMAN RESOURCES DEPT

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 6/14/10 By: *[Signature]*

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

Please call Shirley Hodgson at x7268 to pick up. Thanks.

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

Departments: _____

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

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

