

Contract #: CFC-06/08-1A

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:
 Department: Human Services
 Dept. Contact: Yasmin Hitchborn
 Phone #: 530-621-6268
 Department Head
 Signature: [Signature]

CONTRACTOR:
 Name: First 5 El Dorado
 Address: 4111 Creekside Dr Suite B
Shingle Springs CA 95692
 Phone: 530-672-9576

CONTRACTING DEPARTMENT: Human Services / Comm Svcs Div
 Compliance with Human Resources requirements? Yes: No:
 Compliance verified by: David Molina w/ original contract

COUNTY COUNSEL: (Must approve all contracts and MOU's)
 Approved: Disapproved: Date: 5-15-08 By: [Signature]
 Approved: Disapproved: Date: _____ By: _____

EL DORADO COUNTY COUNSEL
 MAY 14 PM 3:25

Note: One year extension amendment for contract

ASSIGNMENT
 DATE: 5-15-08
 ATTORNEY: [Signature]
 DEPT./INDEX NO.: 531010
[Signature]

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
 Approved: Disapproved: Date: 5/16/08 By: [Signature]
 Approved: Disapproved: Date: _____ By: _____

RECEIVED
 HUMAN RESOURCES DEPT
 MAY 16 AM 9:50

OTHER APPROVAL (Specify department(s) participating or directly affected by this contract). Department(s): _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____