

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Public Health

Contact: Phyllis Houser

Phone #: 621-7561

Department Head Date: September 22, 2006

Signature: [Handwritten Signature]

CONTRACTOR:

Name: Family Connections El Dorado, Inc.

Address: 344 Placerville Drive, Suite 10

Placerville, CA 95667

Phone: (530) 642-3511

CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes: X No:

Compliance verified by: Under \$40,000

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

Approved: X Disapproved: Date: 10/2/06 By: RC Sndtall

Approved: Disapproved: Date: By:

** Comment:*

Best practice is to state \$7,303.00 in Article III. A, instead of just \$7,303.

10/10/06 Revised Rgt

ASSIGNMENT

*09/25/06
Rebecca
44444*

INDEX NO.

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

Approved: X Disapproved: Date: 10/2/06 By: [Handwritten Signature]

Approved: Disapproved: Date: By:

OCT 02 2006

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

Department(s):

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL
006 SEP 22 PM 4: 09
[Handwritten Signature]