

SHEET

Date Prepared: 5/3/07

Need Date: 5/17/07

PROCESSING DEPARTMENT:

Department: Human Services (CS)

Dept. Contact: Jasara Bento

Phone #: 7312

Department: _____

Head Signature: *John Litwinovich*
John Litwinovich, Director

CONTRACTOR:

Name: Del Oro Caregiver Resource Center (DCRC)

Address: 5723A Marconi Ave.
Carmichael, CA 95608

Phone: 916-971-0893

CONTRACTING DEPARTMENT: Human Services, Community Services Division

Service Requested: Vendor Agrmt. for SDC to receive reimbursement for DCRC eligible clients.

Contract Term: 7/1/07 - 6/30/08 Contract Value: _____ Estimate \$20,000

Compliance with Human Resources requirements? Yes: x No: _____

Compliance verified by: PATTI BARTON

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

Approved: ✓ Disapproved: _____ Date: 5-11-07 By: *led km*

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

ASSIGNMENT	DATE	ATTORNEY	DEPT./INDEX NO.	BY:
	<u>05/04/2007</u>	<u>ED 11/11/07</u>	<u>7312</u>	<u><i>ADD</i></u>

EL DORADO COUNTY COUNSEL
HUMAN SERVICES DEPT 1
2007 MAY -3 PM 1:58
AM 9:36
Alfred Delacruz

PLEASE HAND CARRY TO RISK MANAGEMENT
CALL JASARA AT #7312 FOR PICKUP. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 5/14/07 By: *Hostette*

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

Insurance Certificate requested separately

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

Departments: _____

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

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