

MAA/TCM
Contract #: Host Entity
Contract

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Yasmin Hochborn
Phone #: 621-6268
Department Head
Signature: [Signature]

CONTRACTOR:

Name: Marion Co. Dept Health & Human Svc
Address: 20 N. San Pedro Rd # 2027
San Rafael, CA 94903
Phone: 415-499-6922

CONTRACTING DEPARTMENT:

Human Services / Comm Svcs
Compliance with Human Resources requirements? Yes: n/a No:
Compliance verified by: n/a

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

Approved: Disapproved: Date: 8-21-07 By: [Signature]
Approved: Disapproved: Date: By:

Contract to participate in the MAA/TCM Program and authorize payment of MAA/TCM participation fees.

ASSIGNMENT
DATE: 08/14/07
ATTORNEY: [Signature]
DEPT/INDEX NO.: 5/0/10
BY: [Signature]

Human Services
EL DORADO COUNTY COUNSEL
2007 AUG 14 PM 3:41

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

Approved: Disapproved: Date: 8/21/07 By: [Signature]
Approved: Disapproved: Date: By:

RECEIVED
HUMAN RESOURCES DEPT
07 AUG 21 AM 11:45

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

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