

SHEET

URGENT

Date Prepared: 6/22/07

Need Date: 6/26/07 RUSH

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Jasara Bento

Phone #: 7312

Department: _____

Head Signature: *[Signature]*
John Litwinovich, Director

CONTRACTOR:

Name: CA Dept of Community Services and Development

Address: 700 North 10th Street
Sacramento, CA 95811

Phone: 916-341-4335

Hand Delivered
EL DORADO COUNTY COUNSEL
JUN 25 9 51 AM '07

CONTRACTING DEPARTMENT: Human Services, Community Services Division

Service Requested: Grant Contract for provision of DOE Weatherization Assistance Program

Contract Term: 7/1/07 through 4/30/08 Contract Value: \$51,802.00

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: 6/25/07 By: *[Signature]*

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

ASSIGNMENT
DATE 06/26/2007
ATTORNEY ED KURAJI
DEPT INDEX NO. 131200
BY: *[Signature]*

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

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

Approved: ✓ Disapproved: _____ Date: 6/25/07 By: *[Signature]*

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

*Indian Harbor pollution coverage still in effect.
Self-insurance certificate attached.*

Self-Insurance Letter requested under separate cover.

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

Departments: _____

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

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