

# CONTRACT ROUTING SHEET

Date Prepared: 12/5/11

Need Date: 12/19/11

**PROCESSING DEPARTMENT:**

Department: Health & Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department Head Signature: *Daniel Nielson*

Daniel Nielson, Director

**CONTRACTOR:**

Name: CA Dept. of Community Services & Development

Address: P.O. Box 1947

Sacramento, CA 95812-1947

Phone: 916-341-4262

**CONTRACTING DEPARTMENT:** Human Services

Compliance with Human Resources requirements? Yes: x No:         

Compliance verified by: HR-Mike Strella

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

Approved: ✓ Disapproved:          Date: 12-7-11 By: *[Signature]*

Approved:          Disapproved:          Date:          By:         

EL DORADO COUNTY COUNSEL  
2011 DEC - 6 PM 2:30

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

Approved: ✓ Disapproved:          Date: 12/8/11 By: *[Signature]*

Approved:          Disapproved:          Date:          By:         

Please call Amy Higdon at x4836 for pick-up. Thanks!

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

Departments:         

Approved:          Disapproved:          Date:          By:         

Approved:          Disapproved:          Date:          By:         

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HUMAN RESOURCES DEPT.  
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