

CONTRACT ROUTING SHEET

Date Prepared: 3/24/11

Need Date: 4/7/11

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department: _____

Head Signature: 

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 with original agreement.

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

Approved: Disapproved: _____ Date: 4-4-11 By: 

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

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

Approved: Disapproved: _____ Date: 4/5/11 By: 

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

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

Departments: _____

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

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

EL DORADO COUNTY COUNSEL
2011 MAR 25 PM 10:19

RECEIVED
HUMAN RESOURCES DEPT.
APR 5 AM 8:30