

Contract #: 09-86018, A1 & Resolution

# CONTRACT ROUTING SHEET

Date Prepared: 2/7/12

Need Date: 2/21/12

### PROCESSING DEPARTMENT:

Department: Health & Human Services

Dept. Contact: Amy Higdon

Phone #: X4836

Department Head Signature: *Daniel Nelson*

Daniel Nelson, Director

### CONTRACTOR:

Name: CA Dept. of Health Care Svcs

Address: 1501 Capitol Ave. Suite 71.5195

MS 1403, P.O. Box 997413

Sacramento, CA 95899-7413

Phone: 916-449-5247

### CONTRACTING DEPARTMENT: Health & Human Services

Contract Term: 7/1/09-6/3014 Contract Value: \$7,500,000

Compliance with Human Resources requirements? Yes: x No:         

Compliance verified by: HR 4/23/09 - original agreement

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

Approved: ✓ Disapproved:          Date: 2-10-12 By: *W. Strawn*

Approved:          Disapproved:          Date:          By:         

EL DORADO COUNTY COUNSEL  
2012 FEB 9 AM 10:47

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

Approved: ✓ Disapproved:          Date: 2/15/12 By: *Eller*

Approved:          Disapproved:          Date:          By:         

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HUMAN RESOURCES DEPT.  
FEB 14 PM 2:51

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: