

CONTRACT ROUTING SHEET

Date Prepared: 1/15/10

Need Date: 1/25/10

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department

Head Signature: *Daniel Nielson*

Daniel Nielson, Director

CONTRACTOR:

Name: N/A

Address: _____

Phone: _____

EL DORADO COUNTY COUNSEL
2110 JAN 22 PM 3:21 EL DORADO COUNTY COUNSEL

CONTRACTING DEPARTMENT: Human Services

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: NA

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

Approved: _____ Disapproved: X Date: 1-20-10 By: *Cal Thomas*

Approved: ✓ Disapproved: _____ Date: 1-26-10 By: *Cal Thomas*

*See changes to drop resolution.
Delegation should be to Director of DHS, not CAO (w/ CAO advice)
Delegation covers release for full repayment of General Assistance Award.
BoS retains authority over recoupage and subordination, and obligations for less than full repayment, and no liens for other types of welfare*

PLEASE CONTACT AMY AT x4836 WHEN READY FOR PICKUP. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 1/21/10 By: *[Signature]*

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

NOT Required

RECEIVED
HUMAN RESOURCES DEPT
10 JAN 20 11 4:55

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

Departments: _____

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

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