

Contract #: _____

CONTRACT ROUTING SHEET

CALL FOR PICK UP.

Date Prepared: 09.14.07

Need Date: 09.25.07 to CAO

PROCESSING DEPARTMENT:

Department: VETERAN AFFAIRS
Dept. Contact: PATRICIA MORELLO
Phone #: x5892
Department: ROD BARTON - VSO
Authorization: [Signature]

CONTRACTOR:

Name: CA DEPT. of VETERAN AFFAIRS
Address: P.O. Box 942895
Sacramento CA 95814
Phone: 916-053-2673

CONTRACTING DEPARTMENT:

Service Requested: To participate in Medi-Cal Cost Avoidance & County Subvention Programs
Contract Term: Annual Contract/Amendment Value: \$ _____
Compliance with Human Resources requirements? Yes: N/A
Compliance verified by: _____

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

Approved: _____ Disapproved: _____ Date: 9-17-07 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT
DATE: 09/17/2007
ATTORNEY: ED KUNYAP
DEPT./INDEX NO.: 576000
BY: [Signature]

RECEIVED
EL DORADO COUNTY / COUNSEL
2007 SEP 14 PM 4: 56
[Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

n/a

RECEIVED
HUMAN RESOURCES DEPT 1
07 SEP 18 AM 8: 36

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

Departments: n/a
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____