

CONTRACT ROUTING SHEET

Date Prepared: 10-12-10

Need Date: 10-25-10

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department: _____

Head Signature: *Daniel Nielson*

Daniel Nielson, Director

CONTRACTOR:

Name: IEDA

Address: 2200 Powell Street, Suite 1000

Emeryville, CA 94608

Phone: 510-653-6765

CONTRACTING DEPARTMENT: Human Services

Service Requested: IHSS Public Authority employer-employee labor relations

Contract Term: 10-1-09 through 9-30-11 Contract Value: \$44,000.00

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

Compliance verified by: Human Resources 6/25/07

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

Approved: ✓ Disapproved: _____ Date: 10-13-10 By: *[Signature]*

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

ELIZABETH COUNTY COUNSEL
OCT 13 PM 3:36

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

Approved: ✓ Disapproved: _____ Date: 10/14/10 By: *[Signature]*

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

Please call Amy Higdon at x4836 to pick up. Thanks. _____

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

Departments: _____

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

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