

# CONTRACT ROUTING SHEET & RESOLUTION

Date Prepared: 7/16/09

Need Date: 7/23/09 RUSH

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department Head Signature: 

Janet Walker-Conroy,  
Acting Director

**CONTRACTOR:**

Name: CA Dept. of Community Services and Development

Address: P.O. Box 1947

Sacramento, CA 95812-1947

Phone: 916-341-4200

**CONTRACTING DEPARTMENT:** Human Services (Community Services Division)

Compliance with Human Resources requirements? Yes:  No:

Compliance verified by: Approved with original contract by Patti Barton 12/31/08

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

Approved:  Disapproved:  Date: 7-27-09 By: 

Approved:  Disapproved:  Date:  By:

EL DORADO COUNTY COUNSEL  
2009 JUL 27 PM 2:11

**RISK MANAGEMENT:** (Must approve all contracts, MOU's and boilerplate grant agreements)

Approved:  Disapproved:  Date: 7/28/09 By: 

Approved:  Disapproved:  Date:  By:

EL DORADO COUNTY COUNSEL  
09 JUL 28 PM 9:58

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: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_