

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Public Health
Dept. Contact: Dan Buffalo
Phone #: 621-6226
Department Head Date: July 24, 2006
Signature: [Handwritten Signature]

CONTRACTOR:

Name: County of Placer c/o Health & Human Svcs
Address: 11454 "B" Avenue
Auburn, CA 95603
Phone: (530) 889-4000

CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes: X No:
Compliance verified by: Karen Blakely

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

Approved: Disapproved: Date: 5/1/06 By: [Handwritten Signature]
Approved: Disapproved: Date: By:

ASSIGNMENT

DATE: 07/27/06
ATTORNEY: Rebecca A. [Handwritten]
DEPT./INDEX NO: 10000
BY: [Handwritten Signature]

COUNTY MAIL
EL DORADO COUNTY COUNSEL
2006 JUL 26 PM 3:30

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

Approved: Disapproved: Date: 8/10/06 By: [Handwritten Signature]
Approved: Disapproved: Date: By:

AUG 10 2006

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

DEPARTMENT:

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