

CONTRACT ROUTING SHEET

Date Prepared: 6/1/11

Need Date: 6/14/11

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department: _____

Head Signature: 
Daniel Nielson, Director

CONTRACTOR:

Name: CA Dept. of Community Services and Development

Address: P.O. Box 1947
Sacramento, CA 95823-1947


Phone: 916-341-4200

CONTRACTING DEPARTMENT: Human Services

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

Compliance verified by: HR on 5/12/10 with original contract.

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

Approved: ✓ Disapproved: _____ Date: 6-3-11 By: 

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

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

Approved: ✓ Disapproved: _____ Date: 6/7/11 By: 

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

EL DOR COUNTY COUNSEL
2011 JUN 28 AM 11:46

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: _____

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