

Internal Contract No: 0809-90050-61-930 A-1

Purchasing Contract No: _____

Index Code: 405230

CONTRACT ROUTING SHEET

EL DORADO COUNTY COUNSEL
2009 FEB 18 AM 10:52

Date Prepared: February 11, 2009

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health Svcs Dept - PH Div.

Dept. Contact: Kathy Lang

Phone #: x6362

Department Head Signature: 

Neda West, Director

CONTRACTOR:

Name: First 5 El Dorado

Address: 4111 Creekside Drive Suite B

Shingle Springs, CA

Phone: (530) 672-8298

CONTRACTING DEPARTMENT: Health Services Department - Public Health Division

Service Requested: Funding for Children HealthCare

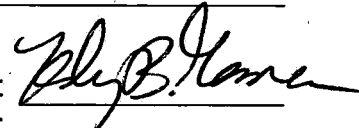
Contract Term: 7/1/08 - 6/30/09

Contract Value: \$264,078.00

Compliance with Human Resources requirements? Yes No:

Compliance verified by: N/A - Incoming Funding

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

Approved: Disapproved: _____ Date: 2/25/09 By: 

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

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 3/2/09 By: 

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

RECEIVED
HUMAN RESOURCES DEPT
FEB 26 AM 10:52

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

Departments: _____

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

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