


CONTRACT ROUTING SHEET

Date Prepared: 4/6/10

Need Date: 4/20/10

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Amy Higdon
Phone #: x4836
Department Head Signature: 
Daniel Nielson, Director

CONTRACTOR:


Name: CA Dept of Health Services
Address: P.O. Box 997417
Sacramento, CA 95899-7417
Phone: 916-552-9797

CONTRACTING DEPARTMENT:

Human Services

Service Requested: Approve form CCC 307 and Resolution for submission to the Board.
Contract Term: 7/1/07-6/30/12 Contract Value: Non-financial
Compliance with Human Resources requirements? Yes: n/a No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 4-8-10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORA COUNTY COUNSEL
2010 APR - 8 AM 11:56

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

Approved: Disapproved: _____ Date: 4/20/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORA COUNTY COUNSEL
10 APR 9 PM 2:53

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

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