

CONTRACT ROUTING SHEET

Date Prepared: 12-17-09

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: DeAnn Osborn
Phone #: X7338
Department
Head Signature: *Daniel Nielson*
Daniel Nielson, M.P.A.

CONTRACTOR:

Name: CA Dept. of Social Services
Address: 744 P Street, M/S 8-14-747
Sacramento, CA 95814-6413
Phone: 916/657-3516

CONTRACTING DEPARTMENT: Human Services

Service Requested: Establishes EDC as the entity responsible for performing Foster Family Homes licensing

Contract Term: No End Term Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 12-21-09 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORA COUNTY COMMISSION
2009-12-21 4:11:57 PM
10-011-7

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 1/2/10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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

Please call DeAnn Osborn at X7338 for pick-up. Thank you!