

# CONTRACT ROUTING SHEET

Date Prepared: 7-21-09

Need Date: 8-7-09

**PROCESSING DEPARTMENT:**

Department: Human Services  
Dept. Contact: Shirley I. C. Hodgson  
Phone #: X7268  
Department  
Head Signature: *Daniel Nelson*

**CONTRACTOR:**

Name: IEDA  
Address: 2200 Powell Street, Suite 1000  
Emeryville, CA 94608  
Phone: 510 653 6765

2009 JUL 24 11:40 AM  
RECEIVED COUNTY COUNSEL

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: IHSS Public Authority employer-employee labor relations  
Contract Term: 10-1-09 through 9-30-10 Contract Value: \$25,000.00  
Compliance with Human Resources requirements? Yes: n/a No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7-27-09 By: *Car/...*  
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: 7/27/09 By: *M/S...*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

09 JUL 27 AM 11:56  
RECEIVED HUMAN RESOURCES DEPT

Please call Shirley Hodgson at x7268 to pick up. Thanks.

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_