

CONTRACT ROUTING SHEET

Date Prepared: August 31, 2010

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: DeAnn Osborn

Phone #: X7338

Department Head Signature: 

Daniel Nielson, Director

CONTRACTOR:

Name: Various

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Human Services

Service Requested: Agency Agreement for Client Placement in CalWORKS Community Service and Work Experience Program

Contract Term: Various dependent on client need - up to one year Contract Value: \$0

Compliance with Human Resources requirements? Yes: _____ No: N/A

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 9-1-10 By: 

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

EL DORADO COUNTY COUNSEL
21 SEP - 1 11:21 AM '10

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 9/2/10 By: 

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

21 SEP - 2 11:06 AM '10

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

Departments: _____

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

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

Please contact DeAnn Osborn (X7338) to arrange for pickup. Thank you!