

# CONTRACT ROUTING SHEET

Date Prepared: 1/6/10

Need Date: 1/13/10

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department: \_\_\_\_\_

Head Signature: 

Daniel Nielson, Director

**CONTRACTOR:**

Name: CA Dept. of Community Services & Development

Address: P.O. Box 1947

Sacramento, CA 95812-1947

Phone: 916-341-4262

**CONTRACTING DEPARTMENT:** Human Services

Compliance with Human Resources requirements? Yes: x No: \_\_\_\_\_

Compliance verified by: Pending - Contacted HR 1/5/10

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1-6-10 By: 

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

EL DORADO COUNTY COUNSEL  
JAN 5 PM 5:39  
JAN 6 PM 5:38

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1/6/10 By: 

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

PLEASE CONTACT AMY WHEN READY FOR PICKUP.  
THANKS!

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

Departments: \_\_\_\_\_

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

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