

# CONTRACT ROUTING SHEET

Date Prepared: 08/08/2014

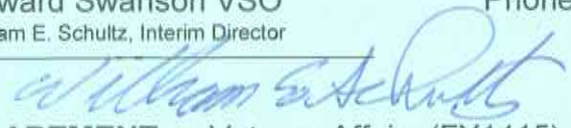
Need Date: 08/28/14

### PROCESSING DEPARTMENT:

Department: Veteran Affairs  
Dept. Contact: Patricia Morello  
Phone #: X5892  
Department: Edward Swanson VSO  
Head Signature: William E. Schultz, Interim Director

### CONTRACTOR:

Name: CAL-VET (CA Dept. Veteran Affairs)  
Address: Veteran Services Division  
P.O. Box 942895  
Phone: Sacramento CA 94295-0001  
(916) 653-2573



### CONTRACTING DEPARTMENT: Veteran Affairs (FY1415)

Service Requested: Participation in Medi-Cal Cost Avoidance & County Subvention Programs

Contract Term: Annual Contract Value: \$0.00

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

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 8/29/14 By: Justin D. Kern

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

EL DORADO COUNTY COUNSEL  
2014 AUG 11 AM 10:02

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 8/29/2014 By: Adams

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

Not applicable \_\_\_\_\_

14 AUG 29 AM 11:02  
RISK MANAGEMENT

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

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

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

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

Not applicable \_\_\_\_\_