

Contract Name: Certification Statements, CHDP and CCS

Contract # None

Budget Code: 402141

# CONTRACT ROUTING SHEET

### PROCESSING DEPARTMENT:

Department: Public Health

Dept. Contact: Dan Buffalo

Phone #: 621-6226

Department Head                      Date: August 1, 2007

Signature: *Dan Buffalo*

### CONTRACTOR:

Name: California Department of Health and Human Services

Address: 1616 Capitol Ave., MS 7210

Sacramento, CA 95899-7413

Phone: (916) 552-9977

### CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes            No X

Compliance verified by: N/A, incoming funding

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

Approved:  Disapproved:            Date: 8/21/07 By: *Key Stone*

Approved:            Disapproved:            Date:            By:           

ASSIGNMENT

DATE 8-6-07

ATTORNEY LB

DPT./INDEX NO. 40111

del

EL DORADO COUNTY COUNSEL  
2007 AUG -6 PM 2:38

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

Approved:  Disapproved:            Date: 8/22/07 By: *Scott*

Approved:            Disapproved:            Date:            By:           

RECEIVED  
HUMAN RESOURCES DEPT  
07 AUG 22 AM 11:37

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

#### DEPARTMENT:

Approved:            Disapproved:            Date:            By:           

Approved:            Disapproved:            Date:            By: