

RUSH


Contract #: Resolution
Index Code: 531011

CONTRACT ROUTING SHEET

Date Prepared: 10/5/15

Need Date: Requesting review for
10/27/15 BOS Agenda
(due to CAO 10/9/15)

PROCESSING DEPARTMENT:

Department: HHSA/CSD
Dept. Contact: Heather Longo
Phone #: X7373
Department
Head Signature: 
Don Ashton, M.P.A., Director

CONTRACTOR:

Name: HHSA, Community Services
Division
Address: 937 Spring Street
Placerville, CA 95667
Phone: 530) 621-6931


CONTRACTING DEPARTMENT: HHSA/Community Services Division

Service Requested: Establish Imprest Cash Fund for HHSA's Community Services Elderly
Nutrition Program Congregate Meal Service

Contract Term: NA Contract/Grant Value: \$50
Compliance with Human Resources requirements? N/A Yes No
Compliance verified by: _____

EL DORADO COUNTY COUNSEL
2015 OCT -6 PM 11:56

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

Approved: Disapproved: _____ Date: 10/6/15 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

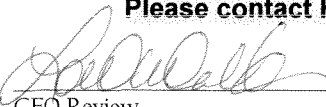

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

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

Please contact Heather Longo x7373 with questions or for contract packet pick-up. Thank you!

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