

# CONTRACT ROUTING SHEET

Contract #:  
782-00911

Date Prepared: 4/13/09

Need Date: \_\_\_\_\_

## PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Yasmin Hichborn

Phone #: 530-642-4833

Department: Human Services

Head Signature: [Signature]

## CONTRACTOR:

Name: 1<sup>st</sup> 5 El Dorado Child & Fam Commission

Address: 2766 Ray Lawyer Drive Placerville, CA 95667

Phone: 530-622-5787

## CONTRACTING DEPARTMENT: Human Services

Service Requested: Participation in the Medi-Cal Admin. Activities (MAA) program

Contract Term: 2009/2010 and ongoing Contract Value: Unknown \$0.00 n/a

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

Compliance verified by: Cheryl Dorosh, 4/14/09

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 4-28-09 By: [Signature]

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

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 4/29/09 By: [Signature]

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

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

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

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

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

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