Contract #: NA Index Code: 531160

CONTRACT ROUTING SHEET

Date Prepared:	5/7/15	Need Dat	Need Date: 5/7/15	
PROCESSING DEPARTMENT:		CONTRA	CONTRACTOR:	
Department:	HHSA/Community Services	Name:	Marshall Foundation for Community Health	
Dept. Contact:	Heather Longo	Address:	PO Box 1966, Placerville, CA 95667	
Phone #: Department Head Signature:	X7373	 Phone:	530/642-9984	
	Don Ashton, M.P.A., Directo	ır .		
Service Requeste	DEPARTMENT: HHSA/Cored: Marshall Foundation grain	nt for caregiver wo	rkshops	
Contract Term: Compliance with Compliance verifi	5/30/15 Human Resources requireme ed by:	Contrac nts? N/AX_	t/Grant Value: \$1,000 (grant) Yes No:	
COUNTY COUNS Approved: X Approved:	SEL: (Must approve all contra Disapproved: Disapproved:		15 By: PHOUSE By: 5	
RISK MANAGEN Approved: Approved:	PLEASE FORWARD TO R IENT: (All contracts and MOU Disapproved: Disapproved:		THANK YOU! Ite grant funding agreements) By: By:	
NOTE: Any contract electronic information related, especially the	that involves the development, inst n, the acquisition of software or co ose that involve computers and tel pplies to any other contract that req	allation, implementation omputer related items, ecommunications, mu	ectly affected by this contract). n, storing, retrieving, transfer, or sending of any other service/item that may be I st be approved by IT before submission to the department.	
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	
Please cor	itact Heather Longo x7373 with q	uestions or for contr	act nacket nick-up. Thank-youl	
			en e	

CFO Review

Date

Program Manager II, Administration and Contracts

Date