

CONTRACT ROUTING SHEET

Date Prepared: 1/19/11

Need Date: 2/2/11

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department Head Signature: *Daniel Nielson*

Daniel Nielson, Director

CONTRACTOR:

Name: El Dorado County IHSS Public Authority

Address: 937 Spring Street
Placerville, CA 95667

Phone: _____

HUMAN SERVICES DEPT
11 JAN 20 PM 3:11

CONTRACTING DEPARTMENT: Human Services

Service Requested: Amended Interagency Agreement between the EDC IHSS PA & EDC

Compliance with Human Resources requirements? NA Yes: _____ No: _____

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 1-20-11 By: *[Signature]*

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

EL DORADO COUNTY COUNCIL
2011 JAN 20 AM 10:55

RISK MANAGEMENT: (Must approve all contracts, MOU's and boilerplate grant agreements)

Approved: ✓ Disapproved: _____ Date: 1/20/11 By: *[Signature]*

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

PLEASE CALL AMY HIGDON AT x4836 FOR PICK UP. THANKS!

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

Departments: _____

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

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