

Contract #: 09-86018

CONTRACT ROUTING SHEET

Date Prepared: 4/13/09

Need Date: 4/27/09

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Amy Higdon
Phone #: X4836
Department: Human Services
Head Signature: *Janet Walker-Conroy*
Janet Walker-Conroy

CONTRACTOR:

Name: Ca Dept of Health Care Services
Address: P.O. Box 997413
Sacramento, CA 95899-7413
Phone: 916-440-7812

CONTRACTING DEPARTMENT: Human Services

Service Requested: Approve for submission to Board of Supervisors
Contract Term: 7/1/09 to 6/30/12 Contract Value: \$4,500,000.00
Compliance with Human Resources requirements? Yes: x No:
Compliance verified by: Approved by Cheryl Dorosh 4/13/09

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

Approved: Disapproved: Date: 4-23-09 By: *Carl King*
Approved: Disapproved: Date: By:

RECEIVED
COUNTY COUNSEL
2009 APR 13 PM 5:59

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

Approved: Disapproved: Date: 4/24/09 By: *Costello*
Approved: Disapproved: Date: By:

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HUMAN RESOURCES DEPT
09 APR 24 PM 5:59

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: