

CONTRACT ROUTING SHEET

419500

Date Prepared: 2/18/14

Need Date:

PROCESSING DEPARTMENT:

Department: HHS/Public Health
Dept. Contact: Sharon Keoppel
Phone #: 4811
Department
Head Signature: *[Signature]*
Don Ashton, Director

CONTRACTOR:

Name: Infant Parent Center, Inc.
Address: 3430 Robin Lane Building 4
Cameron Park, CA 95682
Phone:

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: clinical services, outreach, linkage to other services, and stigma and discrimination reduction in support of the Children 0-5 and Their Families

Contract Term: Upon execution - 6/30/16 ✓ Contract/Grant Value: \$375,000 ✓

Compliance with Human Resources requirements? N/A Yes x No:

Compliance verified by: Feasibility Analysis attached.

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

Approved: Disapproved: _____ Date: 3/4/14 By: *[Signature]*
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: 3/6/14 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

per changes to Auto requirement per HHS e-mail

*3/1/14 added Auto requirement - SK
as agreed per email*

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

NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

Departments: _____

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

[Signature] 2/26/14
PM Review/Date

[Signature] 3/2/14
CFO Review/Date

[Signature] 2/26/14
Contracts Supe Review/Date

[Signature]
Contracts Mgr. Review/Date

2/27/14

EL DORADO COUNTY COUNSEL
2014 MAR -4 11:10:44
RECEIVED
HUMAN RESOURCES DEPT
14 MAR -5 AM 8:00