

Assigned TO: EO KNAPP

Contract #: California Dept. of Community and Development
LIHEAP Standard Agreement #08B-5458, A2

CONTRACT ROUTING SHEET

Date Prepared: 11/7/08

Need Date: 11/21/08 RUSH

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department

Head Signature: *[Signature]*
Doug Nowka, Director

CONTRACTOR:

Name: CA Dept. of Community Services and Development

Address: P.O. Box 1947
Sacramento, CA 95812-1947

Phone: 916-341-4200

RECEIVED
COMMUNITY COUNSEL
NOV 11 11:17 AM '08
[Signature]

CONTRACTING DEPARTMENT: Human Services (Community Services Division)

Compliance with Human Resources requirements? Yes: x No:

Compliance verified by: Patti Barton with original agreement 2/11/08

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

Approved: ✓ Disapproved: Date: 11-13-08 By: *[Signature]*

Approved: Disapproved: Date: By:

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

Approved: ✓ Disapproved: Date: 11/14/08 By: *[Signature]*

Approved: Disapproved: Date: By:

Certificate of self insurance attached.

RECEIVED
HUMAN RESOURCES DEPT
NOV 13 PM 2:30

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: