

# CONTRACT ROUTING SHEET

Date Prepared: December 30, 2008

Need Date: January 9, 2009

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: DeAnn Osborn

Phone #: X7338

Department Head Signature: \_\_\_\_\_

Doug Nowka  
Doug Nowka

**CONTRACTOR:**

Name: California Statewide Automated Welfare Systems (SAWS) C-IV Project

Address: 11290 Pyrites Way, Suite 150  
Rancho Cordova, CA 95670-4481

Phone: 916-851-3100

**CONTRACTING DEPARTMENT:** Human Services (Social Services)

Service Requested: Further delineate the areas of understanding and agreement between the Consortium and the County with regard to unfunded costs.

Contract Term: \_\_\_\_\_ Contract Value: \$1,000.00/yr

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

Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:** (Must approve all contracts and MOUs)

Approved:  Disapproved: \_\_\_\_\_ Date: 1-9-09 By: [Signature]

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

Approved:  Disapproved: \_\_\_\_\_ Date: 1/2/09 By: [Signature]

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**NOTE: Once approved, please do not return to requester via interoffice mail. Instead, please call DeAnn Osborn for pick-up at X7338. Thank you!**