

CONTRACT ROUTING SHEET

Date Prepared: 12/17/10

Need Date: 1/3/11

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Amy Higdon
Phone #: 4836
Department Head Signature: *Daniel Nielson*
Daniel Nielson, Director

CONTRACTOR:

Name: Various
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Human Services

Service Requested: Agency Agreement for Workforce Investment Act On-the-Job Training Client Placements

Contract Term: Up to twelve months Contract Value: Up to \$ 8,000

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

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 12-22-10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
DEC 22 2010
El Dorado County Counsel
El Dorado County Counsel
DEC 22 2010
RECEIVED

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

Approved: ✓ Disapproved: _____ Date: 12/30/10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
DEC 27 PM 11:17
El Dorado County Counsel

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

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