Contract #:

13F-3009, CCC-307

& Resolution

Index Code:

531011

CONTRACT ROUTING SHEET

| Date Prepared: | 1/7/13 | Need Dat | e : <u>1/21/13</u> | |
|-----------------------|---|---------------------|---------------------------|---|
| PROCESSING D | EPARTMENT: | FUNDING | AGENCY: | |
| Department: | HHSA/CS | Name: | CA Dept. of Community | |
| | | _ | Services & Development | |
| Dept. Contact: | Amy Higdon | Address: | | |
| Phone #: | x4836 | | Sacramento, CA 95 | 812-1947 |
| Department | 1 A Litera | Phone: | 1-916-676-7109 | |
| Head Signature: | Comal Vasen | | | |
| | Daniel Nielson, M.P.A., Direc | ctor | | |
| CONTRACTING | DEPARTMENT: Health and | Human Services | Agency/CS | N P |
| | d: Community Services Bloc | | | |
| Contract Term: | | | t/Grant Value: \$72,7 | 37 |
| | Human Resources requiremen | nts? Yes | X No: | 2 2 |
| | ed by: Mike Strella – 12/19/1 | | | |
| COUNTY COUNC | CI - (NA)t common oll comton | ata and MOLUE | | grant . |
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| Approved: | Disapproved: Disapproved: | Date: | By: | us libell |
| Apploved. | Disappioved. | Date. | <i>у</i> | |
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| | / PLEASE FORWARD TO RI | SK MANACEMENT | THANK YOU! | |
| RISK MANAGEM | ENT: (All contracts and MOU | | | ements) |
| Approved: | Disapproved: | Date: | 105 By: 40 | MINNE_ |
| Approved: | Disapproved: | Date: | By: | <u> </u> |
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| | AL: (Specify department(s) p | | | |
| | s that involve the acquisition of s | oftware or computer | related items must be | approved by IT |
| Departments: | | | | *************************************** |
| Approved: | Disapproved: | Date: | By: | |
| Approved: | Disapproved: | Date: | By: | |
| | | | | |
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| AH 1/21. | ONL ONKSOON. | 1/1-1/2 | 13-0128 | A 1 of 1 |
| Contracts Review/date | Contracts Mgr Review | w/date TRO | 10-0120 | 7. 1 OI I |
| | 1/01/2 | | | |