


Contract #: 068-01411
Index Code: 530500

CONTRACT ROUTING SHEET

Date Prepared: ~~4/29/13~~ 5/29/13 Hw

Need Date: 6/18/13 Hw

PROCESSING DEPARTMENT:

Department: HHS/SSD
Dept. Contact: Heather Longo
Phone #: X7373
Department
Head Signature: 
Janet Walker-Conroy, Interim Director

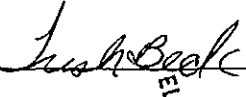
CONTRACTOR:

Name: MAXIMUS, Inc
Address: 3130 Kilgore Road, Ste 100
Rancho Cordova, CA 95670
Phone: 916-669-3641

CONTRACTING DEPARTMENT: HHS/Social Services Division

Service Requested: Operational Space Use -California Health Care Options Program
Contract Term: 7/1/13-no end date Contract/Grant Value: \$0.00
Compliance with Human Resources requirements? N/A x Yes _____ No: _____
Compliance verified by: _____


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

Approved: Disapproved: _____ Date: 6/6/13 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

2013 JUN -14 AM 10:55
SHELBY COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: _____ Date: 6/13/13 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

Both Parties provide own insurance - NO Add. in sd
coverage afforded or require

13 JUN 13 AM 11:15
RECEIVED
HUMAN RESOURCES DEPT.

Please contact Heather Longo x7373 for pick-up. Thank you.

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 approved by _____ first. 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: _____

 5/30/13  5/30/13  6/3/13

Contracts Supe Review/Date PM Review/Date CFO Review/Date