

CONTRACT ROUTING SHEET

Date Prepared: 09/20/16

Need Date: 10/18/2016

PROCESSING DEPARTMENT:

Department: Veteran Affairs
Dept. Contact: Patricia Morello
Phone #: X5892
Department: Edward Swanson VSO
Head Signature: William E. Schultz, Interim Director

CONTRACTOR:

Name: CAL-VET (CA Dept. Veteran Affairs)
Address: Veteran Services Division
P.O. Box 942895
Phone: Sacramento CA 94295-0001
(916) 653-2573



CONTRACTING DEPARTMENT: Veteran Affairs (FY1617)

Service Requested: Participation in Medi-Cal Cost Avoidance & County Subvention Programs

Contract Term: Annual Contract Value: \$0.00

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

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 10/16/16 By: Justin P. Ken
Approved: _____ Disapproved: _____ Date: _____ By: _____

DORADO COUNTY COUNSEL
16 SEP 21 PM 2:53

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 10-18-16 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

waiting for Risk

Not applicable _____

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

Departments: _____

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

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

Not applicable _____

16 OCT 07 AM 10:25