

CONTRACT ROUTING SHEET

Date Prepared: 5/13/10

Need Date: 5/27/10

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department Head Signature: 

Daniel Nielson, Director

CONTRACTOR:

Name: CA Dept. of Community Services & Development

Address: P.O. Box 1947
Sacramento, CA 95812-1947

Phone: 916-341-4262

CONTRACTING DEPARTMENT: Human Services

Compliance with Human Resources requirements? Yes: x No:

Compliance verified by: HR 5/12/10

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

Approved: ✓ Disapproved: Date: 5-18-10 By: 

Approved: Disapproved: Date: By:

DORADO COUNTY COUNSEL
2010 MAY 11 AM 10:47

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

Approved: ✓ Disapproved: Date: 5/19/10 By: 

Approved: Disapproved: Date: By:

DORADO COUNTY COUNSEL
2010 MAY 19 PM 2:05

PLEASE CONTACT AMY AT x4836 WHEN READY FOR PICKUP. THANKS!

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

Departments:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By: