

# CONTRACT ROUTING SHEET

Date Prepared: 07/13/10

Need Date: 7/26/10

**PROCESSING DEPARTMENT:**

Department: Human Services  
 Dept. Contact: Cynthia Kjellin *(CHK)*  
 Phone #: Ext. 7266  
 Department: HCED Programs  
 Head Signature: *Daniel Nielson*  
 Daniel Nielson, M.P.A.,  
 Director

**CONTRACTOR:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

10 JUL 15 PM 4:50  
 HUMAN SERVICES DEPT  
 TUESDAY

**CONTRACTING DEPARTMENT:** HUMAN SERVICES

Service Requested: Resolution Review and Approval  
 Contract Term: \_\_\_\_\_ Contract Value: \$0.00  
 Compliance with Human Resources requirements? Yes: N/A No: \_\_\_\_\_  
 Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7-16-10 By: *W. Jones*  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Resolutions authorizing submittal of an application for **project activity** funding under the HOME Investment Partnerships Program 2010 Notice of Funding Availability, and execution of a grant agreement if funded, including any amendments thereto.

EL DORADO COUNTY COLLEGE  
 10 JUL 15 PM 12:04

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7/19/10 By: *M.B.J.*  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please call C.J. Freeland at Human Services for pick up --- ext. 4863

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

Departments: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_