

# CONTRACT ROUTING SHEET

Date Prepared: 3/1/12

Need Date: 3/7/12

**PROCESSING DEPARTMENT:**

Department: HHS  
Dept. Contact: Ren Scammon  
Phone #: x. 4852  
Department Head Signature: [Signature]  
Daniel Nielson, Director

**CONTRACTOR:**

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

**CONTRACTING DEPARTMENT:** Health and Human Services Agency/HCED

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

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 3-5-12 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Resolution authorizing submittal of an application for funding under the Community Development Block Grant Program general allocation Fiscal Year 2012-13 Notice of Funding Availability and execution of a grant agreement if funded, including any amendments thereto. Reso approval required for BOS agenda item on 3/27/12 with 3/7/12 deadline to program.

Resolution requires County Counsel review and approval – initials confirm approval. [Initials]

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

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

N/A

EL DORADO COUNTY COUNSEL  
2012 MAR -2 PM 4 22

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

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

**PLEASE CALL REN SCAMMON WHEN READY FOR PICK UP, EXT. 4852**