

# CONTRACT ROUTING SHEET

Date Prepared: 7/17/09

Need Date: 7/31/09

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department

Head Signature: 

Janet Walker-Conroy  
Acting Director

**CONTRACTOR:**

Name: CA Dept. of Community Services and Development

Address: P.O. Box 1947

Sacramento, CA 95812-1947

Phone: 916-341-4200

**CONTRACTING DEPARTMENT:** Human Services (Community Services Division)

Compliance with Human Resources requirements? NA Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7-20-09 By: 

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

EL DORADO COUNTY COUNSEL  
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**RISK MANAGEMENT:** (Must approve all contracts, MOU's and boilerplate grant agreements)

Approved:  Disapproved: \_\_\_\_\_ Date: 7/29/09 By: 

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

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HUMAN RESOURCES DEPT  
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PLEASE CALL AMY HIGDON AT x4836 FOR PICK UP. THANKS!

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

Departments: \_\_\_\_\_

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

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