

CONTRACT ROUTING SHEET

Date Prepared: 4/26/11

Need Date: 5/10/11

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department Head Signature: *Daniel Nielson*

Daniel Nielson, Director

CONTRACTOR:

Name: CA Dept. of Community Services & Development

Address: P.O. Box 1947

Sacramento, CA 95812-1947

Phone: 916-341-4262

2011 APR 27 AM 10:46
EL DORADO COUNTY COUNSEL

CONTRACTING DEPARTMENT: Human Services

Compliance with Human Resources requirements? Yes: x No:

Compliance verified by: Original contract approved by HR 1/13/10

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

Approved: ~~4/29/11~~ Disapproved: Date: 4-29-11 By: *Colman*

Approved: Disapproved: Date: By:

RECEIVED
HUMAN SERVICES DEPT
APR 29 AM 10:59

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

Approved: *✓* Disapproved: Date: 4/29/11 By: *WJF*

Approved: Disapproved: Date: By:

Please contact 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:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By: