

# CONTRACT ROUTING SHEET

Date Prepared: 5/11/11

Need Date: 5/24/11

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department Head Signature: 

Daniel Nielson, Director

**CONTRACTOR:**

Name: Marin County Dept of Health & Human Services

Address: 20 N San Pedro Rd, #2027  
San Rafael, CA 94903

Phone: 415 507 4094

RECEIVED  
HUMAN RESOURCES  
MAY 17 AM 11:15

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Provide services as Host Entity for County (Local Govt. Agency) to participate in the MAA/TCM program and authorize payment of MAA/TCM participation

Contract Term: 7/1/11 to 6/30/13 Contract Value: \$20,000.00

Compliance with Human Resources requirements? Yes: n/a No:

Compliance verified by:

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

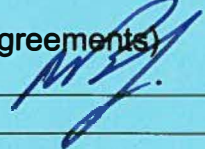
Approved:  Disapproved:  Date: 5-17-11 By: 

Approved:  Disapproved:  Date:  By:

EL DORADO COUNTY COUNSEL  
2011 MAY 16 AM 10:50

PLEASE CALL Amy Higdon x4836 TO PICK UP.

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

Approved:  Disapproved:  Date: 5/17/11 By: 

Approved:  Disapproved:  Date:  By:

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

Departments:

Approved:  Disapproved:  Date:  By:

Approved:  Disapproved:  Date:  By: