

SHEET

Date Prepared: 3/25/09

Need Date: 3/31/09

PROCESSING DEPARTMENT:

Department: Human Services, CS

Dept. Contact: Jasara Bento

Phone #: 7312

Department: _____

Head Signature: 

Doug Nowka, Director

CONTRACTOR :

Name: CA. Dept. of Social Services

Address: 744 P St. M.S. 7-747

Sacramento, CA 95814

Phone: 916-654-0723

CONTRACTING DEPARTMENT: Human Services

Service Requested: State Agreement for Reimbursement to EDC of Interim Assistance to SSI/SSP Applicants

Contract Term: 07/01/08 - 06/30/13 Contract Value: No Stated Amount

Compliance with Human Resources requirements? Yes: N/A No: _____

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 3-28-09 By: 

Approved: Disapproved: _____ Date: 4-27-09 By: 

#with resolution

PLEASE HAND CARRY TO RISK MANAGEMENT.
THANKS!

RISK MANAGEMENT: (Must approve all contracts, MOU's and boilerplate grant agreements)

Approved: Disapproved: _____ Date: 4/2/09 By: 

Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE CALL JASARA AT #7312 FOR PICKUP

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

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
09 APR - 1 AM 11 08