

ELK

Contract #: Vendor Agreement, Amendment

# CONTRACT ROUTING SHEET

Date Prepared: 12/1/08

Need Date: 12/14/08

EL DORADO COUNTY COUNSEL  
RECEIVED  
DEC 18 AM 8:30

### PROCESSING DEPARTMENT:

Department: Human Services (CS)

Dept. Contact: Amy Higdon

Phone #: 4836

Department Head Signature

*[Signature]*  
Doug Nowka, Director

### CONTRACTOR:

Name: Del Oro Caregiver Resource Center (DCRC)

Address: 5723A Marconi Ave.

Carmichael, CA 95608

Phone: 916-971-0893

EL DORADO COUNTY COUNSEL  
RECEIVED  
DEC -4 AM 11:30

### CONTRACTING DEPARTMENT: Human Services

Service Requested: Vendor Agrmt. for Senior Daycare to receive reimbursement for DCRC eligible clients.

Contract Term: 7/1/08 - 6/30/09 Contract Value:                      Estimate: \$20,000

Compliance with Human Resources requirements? Yes: x No:                     

Compliance verified by: Patti Barton with original agreement 5/8/08

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

Approved: ✓ Disapproved:                      Date: 12-18-08 By: [Signature]

Approved:                      Disapproved: ✓ Date: 12-11-08 By: [Signature]

*\* Please change signature line from Department Head to BOS Chair.*

*Signature line changed to BOS Chairman 12/16/08 AH*

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

Approved: ✓ Disapproved:                      Date: 12/11/08 By: [Signature]

Approved: ✓ Disapproved:                      Date: 12/22/08 By: [Signature]

RECEIVED  
HUMAN RESOURCES DEPT  
DEC 16 PM 4:08  
RECEIVED  
HUMAN RESOURCES DEPT  
DEC 19 AM 9:38

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: