

# CONTRACT ROUTING SHEET

Date Prepared: January 29, 2009

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: DeAnn Osborn

Phone #: X7338

Department: \_\_\_\_\_

Head Signature: Lynda Webb for Dong Mowka  
Lynda Webb

**CONTRACTOR:**

Name: State of California/Office of Systems Integration (OIS)

Address: PO Box 138014  
Sacramento, CA 95813-8014

Phone: 916/263-4893

**CONTRACTING DEPARTMENT:** Human Services (Social Services)

Service Requested: Provision of County consultation services to OIS

Contract Term: Two Years Contract Value: \$173,980.71

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

Compliance verified by: Patti Barton - January 20, 2009

**COUNTY COUNSEL:** (Must approve all contracts and MOUs)

Approved:  Disapproved: \_\_\_\_\_ Date: 1-30-09 By: [Signature]

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

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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

Approved:  Disapproved: \_\_\_\_\_ Date: 2/2/09 By: [Signature]

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

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

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

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

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

*Please call DeAnn Osborn at X7338 for pick-up. Thank you!*

RECEIVED  
 HUMAN RESOURCES DEPT  
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