

CONTRACT ROUTING SHEET

Date Prepared: 9-18-09

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: 7268

Department Head Signature: *David Wilson*

CONTRACTOR:

Name: Marin County Dept of Health & Human Services

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

Phone: 415 507 4094

EL DORADO COUNTY COUNSEL
2009 SEP 22 AM 10:14

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: 7-1-09 through 6-30-11 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: 9-22-09 By: *Cal/hodgson*

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

EL DORADO COUNTY COUNSEL
09 SEP 22 AM 11:57

PLEASE CALL SHIRLEY HODGSON AT 7268 TO PICK UP.

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

Approved: ✓ Disapproved: _____ Date: 9/22/09 By: *MS*

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: _____