

# CONTRACT ROUTING SHEET

Date Prepared: 8/2/10

Need Date: 8/16/10

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department Head Signature: 

Daniel Nielson, Director

**CONTRACTOR:**

Name: CA Dept. of Community Services and Development

Address: P.O. Box 1947 Sacramento, CA 95812-1947

Phone: 916-341-4200

EL DORADO COUNTY CONTRACT #09B-5508-41 AM11-559

**CONTRACTING DEPARTMENT:** Human Services (Community Services Division)

Compliance with Human Resources requirements? Yes: x No:         

Compliance verified by: Originally approved by HR 12/31/08

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

Approved:  Disapproved:  Date: 8-10-10 By: 

Approved:  Disapproved:  Date:          By:         

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

Approved:  Disapproved:  Date: 8/11/10 By: 

Approved:  Disapproved:  Date:          By:         

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: