

CONTRACT ROUTING SHEET

Date Prepared: 5/28/10

Need Date: 6/10/10

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department Head Signature: *Daniel Nielson*

Daniel Nielson, Director

CONTRACTOR:

Name: Del Oro Caregiver Resource Center (DCRC)

Address: 5723A Marconi Ave.

Carmichael, CA 95608

Phone: 916-971-0893

CONTRACTING DEPARTMENT: Human Services

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

Contract Term: 7/1/10 - 6/30/11 Contract Value: Estimate \$20,000

Compliance with Human Resources requirements? NA Yes: No:

Compliance verified by:

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

Approved: ✓ Disapproved: Date: 6-23-10 By: *[Signature]*

Approved: Disapproved: Date: By:

** Approved with addition of ex 0 - definition of respite care - Done AH*

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

Approved: ✓ Disapproved: Date: 6/24/10 By: *[Signature]*

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: