

CONTRACT ROUTING SHEET

Date Prepared: 02/14/11

Need Date: 02/24/11

PROCESSING DEPARTMENT:

Department: Human Services

CONTRACTOR:

Name: Dept. of Housing & Community Development

Dept. Contact: Ren Scammon *ren*

Address: 1800 Third Street, suite 330

Phone #: 4852

Sacramento, CA 95811

Department: _____

Phone: 916-319-8410

Head Signature: *Daniel Wilson*

RECEIVED
HUMAN RESOURCES DEPT
7 11 PM 2: 05

CONTRACTING DEPARTMENT: Human Services

Service Requested: State Community Development Block Grant Standard Agreement #10-STBG-6711

Contract Term: Execution Date - 06/30/13 Contract Value: \$800,000.00

Compliance with Human Resources requirements? Yes: N/A No: _____

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 2-17-11 By: *[Signature]*

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

EL DORADO COUNTY COUNSEL
2011 FEB 14 PM 3: 55

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 2/17/11 By: *[Signature]*

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

Please call Yvette Wencke at x-4864 for pick up.

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

Departments: _____

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

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