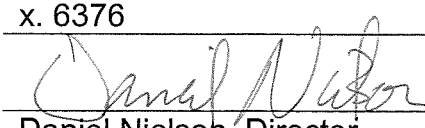


# CONTRACT ROUTING SHEET

Date Prepared: 03/23/2011

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Human Services  
Dept. Contact: Sharon Erwin  
Phone #: x. 6376  
Department Head Signature:   
Daniel Nielson, Director

**CONTRACTOR:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:**

Human Services


Service Requested: Resolution Review and Approval

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

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

Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 4-4-11 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Resolution authorizing submittal by the Public Housing Authority to submit the Administrative Plan update to the Department of Housing and Urban Development.

Resolution requires County Counsel review and approval – initials confirm approval.

EL DORADO COUNTY COUNSEL  
2011 MAR 24 AM 11:36

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

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

N/A

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

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