03-1	3-200	7 03:	llpm	From-
------	-------	-------	------	-------

T-261 P.003/006 F-079

		Contr	ract#: <u>441-S0411</u>
	CONTRẠCT R	OUTING SHEET	
Date Prepared:	2/21/04	Need Date:	
PROCESSING D Department: Dept. Contact: Phone #: Head Signature: * CONTRACTING Service Requeste Contract Term:	EPARTMENT: CAO/Proc. & Contracts Sue Hennike 5833 CMMCLHC, RCC DEPARTMENT:	CONTRACTOR: Name: Amador County Address: 255 New York R Jackson, CA 95 Phone: 209-223-6387 Probation Probation	anch Road 642-2380
Compliance with Compliance verifi	Human Resources requirements	s? Yes: N	
COUNTY COUNS Approved: Approved: NEW SISSE NEW SISSE Approved: NEW SISSE Approved: NEW SISSE Approved: NEW SISSE Approved: NEW SISSE NEW	SEL: (Must approve all contract Disapproved: Disapproved:	s and MOU's) By: <u></u> By: <u></u> Date: By:	autres .
	TO RISK MANAGEMENT. THANKS		
RISK MANAGEM Approved:	ENT: (All contracts and MOU's Disapproved: Disapproved:	except boilerplate grant f nding a Date: <u>3/1/04</u> By: Date: By:	greements)