**Contract:** 143-M1211

## CONTRACT ROUTING SHEET

Date Prepared:	7/12/11	Need Date	7/26/11	
PROCESSING DI	EPARTMENT:	CONTRAC	TOR:	
Department:	Human Services	Name:		
Dept. Contact:	Amy Higdon		3315 Airway Drive	
Phone #:	x4836	_	Santa Rosa,	
Department	D 1012A	Phone:	707-523-1155	
Head Signature:	Daniel Nielson, Director			च हिंदी
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CONTRACTING I			0 0	in E
	d MOU to define roles & re		ne One Stop	
Compliance verifie	luman Resources requirements ed by:	? NA     Yes: <sub>_</sub>		No:
COUNTY COUNS	EL: (Must approve all contracts	and MOU's)		111
Approved:			17-11 By:	allen
Approved:	Disapproved:	Date:	By:	Culim #
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Approved:	Disapproved:			In St.
Approved:	Disapproved:	Date:	By:	
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	Name of State of Stat	The second second		
PLEASE CONTACT	AMY AT x4836 WHEN READY FOR F	ICKLIP THANKSI		
	AL: (Specify department(s) part		ly affected by	this contract).
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	