## CONTRACT ROUTING SHEET

Date Prepared:	4/23/12	Need Date:	4/30/12
PROCESSING D	EPARTMENT:	CONTRACT	OR:
Department:	Health & Human Services		I Dorado County IHSS Public
			uthority
Dept. Contact:	Amy Higdon	the second problem in the second	37 Spring Street
Phone #:	x4836		lacerville, CA 95667
Department	and have A.	Phone:	
Head Signature:	Daniel Nielson, Director	_	
CONTRACTING		th & Human Service	The state of the s
	ed: Amended Interagency Agree		
	Human Resources requirements	? NA Yes: _	No:
Compliance verific	ea by:		
COUNTY COUNS	SEL: (Must approve all contracts	and MOU's)	
Approved:	Disapproved:		
Approved:	Disapproved:	Date:	By:
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RISK MANAGEM	ENT: (Must approve all contract	ts. MOU's and boil	erplate grant agreements)
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Approved: Approved: LEASE CALL AMY OTHER APPROV Departments:	Disapproved:  Disapproved:  HIGDON AT x4836 FOR PICK UP. THATAL: (Specify department(s) part	Date: Date: RI EL D  ANKS! ticipating or directly	By: By: SK MANAGER ORADO COUNTY  y affected by this contract).
LEASE CALL AMY Departments:	Disapproved:  Disapproved:  HIGDON AT x4836 FOR PICK UP. THA  AL: (Specify department(s) part  Disapproved:	Date: A 70 (	By: By: SK MANAGER ORADO COUNTY  y affected by this contract). By:
Approved: Approved:	Disapproved:  Disapproved:  HIGDON AT x4836 FOR PICK UP. THATAL: (Specify department(s) part	Date: Date: RI EL D  ANKS! ticipating or directly	By: By: SK MANAGER ORADO COUNTY  y affected by this contract).

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