

CONTRACT ROUTING SHEET

Date Prepared: 4/4/12

Need Date: 4/18/12

PROCESSING DEPARTMENT:

Department: Health & Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department Head Signature: *Daniel Nielson*

Daniel Nielson, Director

CONTRACTOR:

Name: CA Dept. of Community Services & Development

Address: P.O. Box 1947
Sacramento, CA 95812-1947

Phone: 916-341-4262

CONTRACTING DEPARTMENT: Health & Human Services - CSD

Compliance with Human Resources requirements? Yes: x No: _____

Compliance verified by: HR-12/30/11 with original agreement

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

Approved: ✓ Disapproved: _____ Date: 4-10-12 By: *[Signature]*

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

EL DORADO COUNTY COUNSEL
2012 APR 10 PM 3:51

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

Approved: ✓ Disapproved: _____ Date: 4-11-12 By: *[Signature]*

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

[Signature]

EL DORADO COUNTY
RISK MANAGEMENT

RECEIVED
HUMAN RESOURCES DEPT.
12 APR 11 AM 9:25

Please call Amy Higdon at x4836 for pick-up. Thanks!

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

Departments: _____

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

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

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

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

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

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