## CONTRACT ROUTING SHEET

Date Prepared: 7/12/13
PROCESSING DEPARTMENT:
Department:
Dept. Contact:
Phone \#:
Department Head Signature:

Need Date: PLEASE RUSH - ASAP

## CONTRACTOR:

Name:
Address: $\qquad$
Phone:

CONTRACTING DEPARTMENT: Health and Human Services Agency/CS
Service Requested: Resolution for EDH Senior Day Care Licensing Application to CDSS
Contract Term:
Compliance with Human Resources requirements?
N/A
Contract/Grant Value:
Compliance verified by: $\qquad$
Yes
No:

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


Date:
Date:


By:
By:


PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Approved:
Disapproved:
Date:
By:
Disapproved:
Date:
By:

OTHER APPROVAL: (Specify departments) participating or directly affected by this contract).
NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department. Departments:
Approved:
Approved:
Disapproved:
Date:
By:
Approved:
Disapproved:
Date:
By:

