## CONTRACT ROUTING SHEET

Date Prepared:	1/26/12	_ Need Dat	Need Date: 2/9/11_		
PROCESSING DI	EPARTMENT:	CONTRA	CTOR:		
Department:	Health & Human Services	Name:	Conforti Plumbing, Inc		
Dept. Contact:	Amy Higdon	Address:	6080 Pleasant Valley Dorado, CA 95623	Road, El	
Phone #:	x4836			1000	
Department Head Signature:	Daniel Nielson, Director	Phone:	(530) 622-0202	PH 2:	
CONTRACTING	DEPARTMENT: Helath & F	Human Services	CSN	DEPT.	
Service Requeste	d: Plumbing system repair	and replacement to	r DHS clients "as reg	uested"	
Contract Term: 4	1/14/11 to 4/13/14				
	luman Resources requireme	nts? Yes:	N/A No:		
COUNTY COUNS	SEL: (Must approve all contra	acts and MOU's)		, ,	
Approved:	Disapproved:	Date: 1-2-	7-12 By: 4	Mary	
Approved:	Disapproved:	Date:	By:		
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RISK MANAGEM	ENT: (Must approve all cont	racts, MOU's and b	ooilerplate grant agree	ements) <sup>©</sup>	
Approved:	Disapproved:	Date: <u>// 3</u> 9/	Le By: KK		
Approved:	Disapproved:	Date: 2/16	0/12 By: K4	lee	
Obtain an u	pdate endousement pas	se inditating	the County et	. is corrected	
for all ros	dential construction	extects.			
				(17)	
Corrected e	indorsement attache	Q. 00 2/9/12		8 5	
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				25 5	
Please contact Amy	Higdon at x4836 to pickup. Tha	nk you!		Nos	
OTHER APPROV	AL: (Specify department(s)	participating or dire	ectly affected by this o	contract).	
Departments:					
Approved:	Disapproved:	Datë:	By:	6	
Approved:	Disapproved:	Date:	By:	01 15	
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