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Date Prepared:	5/5/14	Need Dat	e: <u>5</u>	28/14		
PROCESSING D Department:		FUNDING Name:	AGENCY: CA Dept of & Develop	f Community s	Services	
Dept. Contact: Phone #:	Amy Higdon x4836	Address:	2389 Gate	way Oaks Dr, to, CA 95833	Ste 100	
Department Head Signature:	Don Ashton, M.P.A., Director	Phone:	916-576-7	109		
Service Requeste Contract Term:	DEPARTMENT: HHSA – Cor ed: Community Services Block 1/1/14-12/31/14 Human Resources requirements	Grant Funding A Contrac	\greement t/Grant Value	e: <u>\$265,790</u> x No:		
Compliance verifi	÷					
Approved: X Approved: X	SEL: (Must approve all contract Disapproved: Disapproved:		/14	By: <u>PJ-Jan</u> By:	ly	
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RISK MANAGEN Approved:	PLEASE FORWARD TO RIS IENT: (All contracts and MOU's Disapproved: Disapproved:		te grant fund		DOR ADD CUM	
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OTHER APPRON NOTE: Any contract sending of electronic that may be IT relate before submission to	Amy Higdon for pick-up. Thank <b>/AL:</b> (Specify department(s) pa at that involves the development, inst c information, the acquisition of softw ed, especially those that involve com b Counsel. This also applies to any	rticipating or dire allation, implement vare or computer re puters and telecom	ation, storing, lated items, or munications, r	retrieving, trans r any other serv must be approv	sfer, or ice/item ed by IT	
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Contracts Supe Review/Date	M. Hunt 5/7/14 Program Mgr, Review/Date	ACHILLAND CFOREVIEW/Date Z Colul	Asst. Director Admin/Finance/ Date
Confracts Supercentery Date	r rogram wigt, Keview/Patey	14-0174 2A Page 1 of 1	