

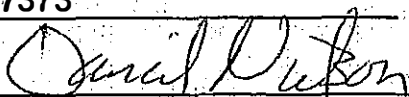
Contract #: 541-S1110 A2  
Index Code: 531301

# CONTRACT ROUTING SHEET

Date Prepared: 9/11/12

Need Date: 9/25/12

**PROCESSING DEPARTMENT:**

Department: HHSA / CS  
Dept. Contact: Heather Longo  
Phone #: X7373  
Department Head Signature:   
Daniel Nielson, M.P.A., Director

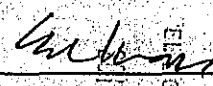
**CONTRACTOR:**

Name: A Helping Hand Home Care LLC  
Address: 6092 Pony Express Trail, Ste 1  
Pollock Pines, CA 95726  
Phone: 530-647-0266

**CONTRACTING DEPARTMENT:** Health and Human Services Agency - CS -

Service Requested: Home health care to clients on an "as requested" basis  
Contract Term: 6/26/11 - 6/25/14 Contract Value: \$50,000  
Compliance with Human Resources requirements? Yes 8/28/12 No: \_\_\_\_\_  
Compliance verified by: Mike Strella

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 9-21-12 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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


Approved: ✓ Disapproved: \_\_\_\_\_ Date: 9-19-12 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_


**RISK MANAGER**  
**EL DORADO COUNTY**

\_\_\_\_\_ Please contact Heather Longo X7373 for pick-up. Thank you.

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

 9/11/12  
Contracts Review/date  
Rev. 12/2000 (GS-GVP)

 9/14/12  
Contracts Mgr Review/date

Internal Contract No: 541-1110, A1  
Index Code: 531301

# CONTRACT ROUTING SHEET

Date Prepared: 7/17/12

Need Date: 7/31/12

**PROCESSING DEPARTMENT:**

Department: HHSA / CS  
Dept. Contact: Amy Higdon  
Phone #: 4836  
Department  
Head Signature: *Daniel Nielson*  
Daniel Nielson, M.P.A., Director

**CONTRACTOR:**

Name: A Helping Hand Home Care LLC  
Address: 6092 Pony Express Trail, Ste 1  
Pollock Pines, CA 95726  
Phone: 530-647-0266

PH 4:26  
SECRET

**CONTRACTING DEPARTMENT:** Health and Human Services Agency - CS

Service Requested: Home health care to clients on an "as requested" basis  
Contract Term: 6/26/11-6/25/14 Contract Value: \$50,000  
Compliance with Human Resources requirements? Yes Yes No:       
Compliance verified by: Mike Strella with original contract

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

Approved: ✓ Disapproved:      Date: 7-15-12 By: *[Signature]*  
Approved:      Disapproved:      Date:      By:     

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved:      Date: 7-17-12 By: *[Signature]*  
Approved:      Disapproved:      Date:      By:     

**RISK MANAGER**

ARRIVAL, INSURED EMPLOYMENT NEEDS TO UPDATE LAUNDRY  
INFO. FOR HS OFFICERS, OFFICERS, EMPLOYEES, AND VOLUNTEERS.

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

Departments:  
Approved:      Disapproved:      Date:      By:       
Approved:      Disapproved:      Date:      By:     

ARRO 7/17/12  
Contracts Review/date

R. Webb 7/17/12  
Contracts Mgr Review/date

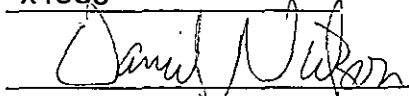
# CONTRACT ROUTING SHEET

Date Prepared: 5/9/11

Need Date: 5/23/11

**PROCESSING DEPARTMENT:**

Department: Human Services  
Dept. Contact: Amy Higdon  
Phone #: x4836

Department Head Signature:   
Daniel Nielson, Director

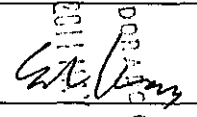
**CONTRACTOR:**

Name: A Helping Hand Home Care, LLC  
Address: 6092 Pony Express Trail, Ste 1  
Pollock Pines, CA 95726  
Phone: 530 647-0266

**CONTRACTING DEPARTMENT:** Human Services

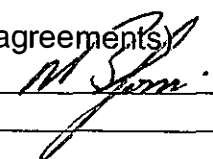
Service Requested: Home health care to clients on an "as requested" basis.  
Contract Term: 6/26/11 to 6/25/14 Contract Value: NTE \$50,000  
Compliance with Human Resources requirements? Yes: Yes No: No  
Compliance verified by: Mike Strella

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 5-17-11 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
MAY 10 AM 11:15

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 5/17/11 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please call Amy Higdon at x4836 to pick up. Thanks!

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

Departments:  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_