Index Code:

## CONTRACT ROUTING SHEET

Date Prepared:
$6 / 14 / 12$
PROCESSING DEPARTMENT:
Department:
Dept. Contact:
Phone \#:
Department
Head Signature:

Kathy Lang
X6362

Need Date:
6/28/12
CONTRACTOR:
Name: Family Connections El Dorado
Address: 2860 Smith Flat School Road Placerville, CA 95667

> Daniel Nelson, M.P.A., Director

CONTRACTING DEPARTMENT: Health and Human Services Agency - MHD
Service Requested: MHSA-PEI Health Disparities Program for Latino Community Contract Term: 7/1/12-6/30/13
Compliance with Human Resources requirements?
Contract Value: $\$ 90,000$
Compliance verified by: Feasibility Analysis attached
COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved:
Approved:


Disapproved:
Date: Disapproved: Date:
 By:

Phone:

$$
\text { Yes } \quad x \quad \text { No: }
$$

