Contract #:

240-M1510

Index Code:

531410

## **CONTRACT ROUTING SHEET**

Date Prepared:	11/25/14	Need Date:		
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:	Health & Human Services Amy Higdon x4836	CONTRA Name: Address: Phone:	CTOR: County of Plumas 270 County Hospit Quincy, CA 95971	tal Rd, St. 206
Service Requester Contract Term: 7 Compliance with F	DEPARTMENT: HHSA – Commud: Host entity agreement for particular //1/14-6/30/16 Human Resources requirements? Ed by: Judie Engel	cipation in M. Contrac	AA/TCM programs t/Grant Value: _\$50	,000 No: #
Approved: Approved:		Date: 12/2	By: P	DECOUNTY COUNSEL
RISK MANAGEM Approved: Approved:	PLEASE FORWARD TO RISK MAE  ENT: (All contracts and MOU's exc  Disapproved:  Disapproved:  Disapproved:	cept boilerpla Date:(2 <sub>13</sub>	te grant funding agr	eements)
OTHER APPROVA NOTE: Any contract sending of electronic that may be IT related	ny Higdon for pick-up. Thank you!  AL: (Specify department(s) participe that involves the development, installating information, the acquisition of software d, especially those that involve compute Counsel. This also applies to any other	ion, implement or computer re rs and telecom	ation, storing, retrieving lated items, or any othe imunications, must be a	g, transfer, or er service/item approved by IT another
Departments:	Disapproved: D	)ate:	By:	
Approved:		oate:	By:	<u> </u>

CFO Review/Date

Rev. 12/2000 (GS-GVP)

Program Manager II, Administration and Contracts Date 14-1657 A 1 of 1