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	CONTRACT RO	UTING	i she	ET								
Date Prepared:	10/27/16 TO Counsel 11/16	Need Date: 11/11/16 the										
PROCESSING D Department:	EPARTMENT: HHSA/Community Services	CONTRA Name:		Del Oro Caregiver Resource								
Dept. Contact: Phone #: Department Head Signature:	Heather Longo X7373 Datrice Clarles-Heathers, Ph.D., Director	Address: Phone:	8421 Aul	burn Blvd, Suite 120 eights, CA 95610 9333								
CONTRACTING Service Requeste	DEPARTMENT: HHSA/Commun ed: Del Oro to pay Senior Day Care f		ices provide	ed to Del Oro clients								
Contract Term:			t/Grant Va									
Compliance with Compliance verifi	Human Resources requirements? ed by:	N/Ax_	_ Yes	No:								
Approved: A		Date:										
RISK MANAGEN	PLEASE FORWARD TO ISK MA IENT: (All contracts and MQU's exc											
Approved:	Disapproved: WW D)ate: //-;	7-16	_ By: / <u>NS</u>								
Approved:	Disapproved:D D D	late:	рм4:17	By: HR/RM NOV 4'15								
NOTE: Any contract electronic information related, especially th		, implementation related items, unications, mus	n, storing, re or any othe st be approve	trieving, transfer, or sending of r service/item that may be IT ed by IT before submission to								
Please con	tact Heather Longo x7373 with question	is or for contra	ict packet pi	ick-up. Thank you!								
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CFO Review	Date	Deputy Director, A	dministration a	nd Contracts Date								

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