			ntract #: <u>requested</u> ex Code: 530500	533-8/511
	CONTRACT			
Date Prepared:	-4/27/15 5/15/15 Townse	Need Da	te: <u>PUGH-5/</u> 2	0/15
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: HHSA/SSD	CONTRA Name:	CTOR: Regents of Univ. (1632 Da Vinci Ct Davis, CA 95618 530-757-8667	CA Davis
Service Requeste Contract Term:	Human Resources require	Social Services and as Contrac	sociated programs t/Grant Value: _\$18	31,305.00 No:
COUNTY COUNS Approved: X Approved:	SEL: (Must approve all co Disapproved: Disapproved:	Date: S/IC/ Date: Date:	US By: (Pa	Strag EL DOR R
RISK MANAGEN Approved: Approved:	PLEASE FORWARD T IENT: (All contracts and I Disapproved: Disapproved:	Date: <u>Slac</u>	ate grant funding ag	reements)
NOTE: Any contract electronic information related, especially th	/AL: (Specify department that involves the development n, the acquisition of software ose that involve computers an pplies to any other contract tha Disapproved: Disapproved:	, installation, implementation or computer related items ad telecommunications, mu at requires approval from ar Date:	on, storing, retrieving, tra , or any other service/i st be approved by IT b	ansfer, or sending of tem that may be IT efore submission to
Please conta	act Jennifer Anderson x6901	with questions or for cor	tract packet pick-up.	Thank you! -
Contracts Supe Review/I		Date MCFOREVIEW/Date	pur pur	~
Rev. 12/2000 (GS-GVP)	@5/12/15 4	5/13/12	15-069	99 A 1 of 1