## CONTRACT ROUTING SHEET

Date Prepared: $0(0-14-2012$ PROCESSING DEPARTMENT:
Department:
Dept. Contact:
$2^{\text {nd }}$ Contact: Location:
Department
Head Signature:

Need Date: $06-25-2012$
CONTRACTOR:
Name:
Address:

| First 5 El Dorado |
| :--- |
| 2776 Ray Lawyer Drive |
| Placerville CA 95667 |

Phone:
530-622-5787

Daniel Nelson, MPA, Director
CONTRACTING DEPARTMENT: Health and Human Services Agency
Service Requested: Funding: outreach to public regarding access to healthcare for children and families Contract Term: 07/01/2012-06/30/2013
Compliance with Human Resources requirements?
Yes
Contract Value: 170,000
Compliance verified by: N/A - Incoming Funding
COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved:
Approved: Disapproved:
Disapproved:
Date:
Date:
aU's)


08-14-2012 confirmed with Count Count that requested revision to 13 C
PLEASE FORWARD TO RISK MANAGEMENT. THANK! will not be pursued 3 年
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved:
Approved:


Disapproved: Disapproved: $\qquad$
Date:

Date:
$\qquad$ By:
RUS ${ }^{\text {K }}$ MANAGER EL DORADO COUNTY

OTHER APPROVAL: (Specify departments) participating or directly affected by this contracts. Departments:

| Approved: | Disapproved: |
| :--- | :--- |
| Approved: |  |$\quad$ Date: $\quad$ By:



