## CONTRACT ROUTING SHEET

Date Prepared: 06-07-2013
PROCESSING DEPARTMENT:
Department:
Dept. Contact:
Phone \#:
Department
Head Signature:

HHSA/Public Health
Zhana Mc Cullough
Ext. 7154


Need Date: $\quad 07-26-2013$
CONTRACTOR:
Name: First 5 El Dorado
Address: 2776 Ray Lawyer Drive
Placerville, CA 95667
Phone: 530-622-5787

CONTRACTING DEPARTMENT: Health and Human Services Agency/Public Health
Service Requested: Funding: Outreach to public for access to healthcare for children and families
Contract Term: 07/01/2013-06/30/2014
Compliance with Human Resources requirements?
Contract/Grant 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:
$7 / 23 / 13$
$\mathrm{By}:$
By:


## PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

No:


RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved:

Disapproved:
Disapproved: $\qquad$ Date:
Date:
712413
By: Dace
By:


OTHER APPROVAL: (Specify departments) participating or directly affected by this contract).
NOTE: All contracts that involve the acquisition of software or computer related items must be first approved; by IT.
Any contract that requires approval from another department must also be first approved by the other department. Departments:
Approved:
Disapproved:
Date:
Approved: Disapproved: Date:


