Contract #: <u>076-F1511</u> ndex Code: 405230

CONTRACT ROUTING SHEET

Date Prepared:	06-03-2014	Need Date:	Rush, please		*
Phone #: Department Head Signature:	HHSA/Public Health Zhana Mc Cullough Ext. 7154 Don Ashton, M.P.A., Director	Address: 2 Fhone: 5	First 5 El Dorado 2776 Ray Lawyer Dr Placerville, CA 9566 530-622-5787		
Service Requester Contract Term: _0	DEPARTMENT: Health and die Funding: Outreach to pub 17/01/2014 – 06/30/2015 Human Resources requiremen	olic to access to hea Contract/C	Ithcare for children a Grant Value: \$170,0		milies.
Compliance verifie	ed by: Revenue Agreement		***************************************	_	
Approved:	EL: (Must approve all contraction Disapproved: Disapproved:	cts and MOU's) Date: (\(\rho \) ZD/ \(\rho \) Date:	4 By(P\$\$ By:	anl	E B
				Annual An	TY COUNTY
	PLEASE FORWARD TO RIS	NA BARIA OFFICE TI	TANK VOLU	۵	<u>m</u>
RISK MANAGEM Approved: Approved:	ENT: (All contracts and MOU Disapproved: Disapproved:			ments	s)
_Please contact	for pick-up. Thank y	ou!		_ <u> </u>	<u> </u>
NOTE: Any contract electronic information related, especially the Counsel. This also a	AL: (Specify department(s) p that involves the development, instate, the acquisition of software or compose that involve computers and telectoplies to any other contract that requiformation Technologies Disapproved: Disapproved:	llation, implementation, uter related items, or ar ommunications, must be	storing, retrieving, transl ny other service/item that e approved by IT before	fer, or s t may b	ending of e IT
Contracts Supe Review/D	14 Ywiiie OCuth 6/8 Pate Program Mgr, Review/Date	/19 Add Old CFO Review/Date (c)	Asst. Director	r Review	<u>-6/25</u> /Date