

# CONTRACT ROUTING SHEET

*RUSH*

Date Prepared: 03/25/2010

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Sharon Guth

Phone #: x. 6376

Department

Head Signature: *Daniel Nielson*  
Daniel Nielson, Director

**CONTRACTOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Resolution Review and Approval

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

Compliance with Human Resources requirements? Yes: N/A No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved:  Disapproved: \_\_\_\_\_ Date: 4-2-2010 By: *Sharon Guth*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Resolution authorizing submittal by the Public Housing Authority to submit the Five-Year Agency Plan and Administrative Plan updates to the Department of Housing and Urban Development.

Resolution requires County Counsel review and approval – initials confirm approval. *Sharon Guth*

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

N/A

EL DORADO COUNTY COUNSEL  
2010 MAR 25 PM 1:25

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_