

CONTRACT ROUTING SHEETDate Prepared: **04/26/2010**Need Date: **May 7, 2010****PROCESSING DEPARTMENT:**

Department:

Probation Department

Dept. Contact:

Diane Hofsommer

Phone #:

621-5957

Department

Head Signature: *Erin Hoffman***CONTRACTOR:**Name: EDC Office of EducationDave Publicover, Executive DirAddress: Charter Community Schools
Intervention Program6767 Green Valley Rd,
Placerville, CA 95667Phone: 530-295-2257**CONTRACTING DEPARTMENT:** Probation DepartmentService Requested: Payment to EDC of \$100/student/day for 601/602 WIC students enrolled in
Charter Community School Intervention Program,Contract Term: 07/01/10 - 06/30/12

Contract Value:

REVENUE

Compliance with Human Resources requirements?

Yes: N/ANo: Compliance verified by: N/A**COUNTY COUNSEL:** (Must approve all contracts and MOU's)Approved: *[initials]*Disapproved: Date: 4/28/10By: *[signature]*Approved: Disapproved: Date: By: Note: Mr. D. [unclear] OK for another public [unclear]
agreement. *[signature]*

PLEASE FORWARD TO RISK MANAGEMENT. Thank you.

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)Approved: *[initials]*Disapproved: Date: 4/29/10By: *[signature]*Approved: Disapproved: Date: By: **OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).Departments: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: EDC PROBATION
CHIEF