

CONTRACT ROUTING SHEET

Date Prepared: 9/22/14

Need Date: 10/9/14

PROCESSING DEPARTMENT:

Department: Health & Human Services
Dept. Contact: Amy Higdon
Phone #: x4836
Department
Head Signature: [Signature]
Don Ashton, M.P.A., Director

FUNDING AGENCY:

Name: CA Dept. of Aging
Address: 1300 National Drive, Suite 200
Sacramento, CA 95833
Phone:

CONTRACTING DEPARTMENT: HHS - Community Services

Service Requested: Aging Services Funding Agreement for FY 14/15
Contract Term: 7/1/14-6/30/15 Contract/Grant Value: \$1,018,080
Compliance with Human Resources requirements? N/A Yes x No
Compliance verified by: Judie Engel - 9/22/14

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

Approved: Disapproved: _____ Date: 9/22/14 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
JUDIE ENGEL
9/22/14

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: _____ Date: 9/29/14 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Certificates already on file for 15-16 year

EL DORADO COUNTY COUNSEL
JUDIE ENGEL
9/22/14

Please contact Amy Higdon for pick-up. Thank you!

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

[Signature] 9/24/14
CFO Review/Date

[Signature] 9/24/14
Asst Director Admin/Finance Date