

CONTRACT ROUTING SHEET

Date Prepared: 4/25/12

Need Date: 5/9/12

PROCESSING DEPARTMENT:

Department: Health & Human Services
Dept. Contact: Amy Higdon
Phone #: x4836
Department
Head Signature: *[Signature]*
Daniel Nielson, Director

CONTRACTOR:

Name: California Dept. of Aging
Address: 1300 National Drive, Suite 200
Sacramento, CA 95834
Phone: 916-419-7500

CONTRACTING DEPARTMENT:

Health & Human Services -CSD

Contract Term: 7/1/12 to 6/30/13 Contract Value: \$905,031
Compliance with Human Resources requirements? Yes: x No:
Compliance verified by: Mike Strella-4/24/12

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

Approved: ✓ Disapproved: Date: 5-1-12 By: *[Signature]*
Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL
2012 APR 27 AM 10:52

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

Approved: ✓ Disapproved: Date: 5-2-12 By: *[Signature]*
Approved: Disapproved: Date: By:

RISK MANAGER,
EL DORADO COUNTY

[Signature]

RECEIVED
HUMAN RESOURCES DEPT.
MAY -1 PM 3:52

PLEASE CALL AMY HIGDON AT x4836 FOR PICK UP. THANKS!

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

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