


CONTRACT ROUTING SHEET

Date Prepared: 11/23/10

Need Date: 12/7/10

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Amy Higdon
Phone #: X4836
Department: Human Services
Head Signature: 
Daniel Nielson, Director

CONTRACTOR:


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

10 NOV 23 PM 1:15
SACRAMENTO COUNTY COUNSEL

CONTRACTING DEPARTMENT: Human Services

Service Requested: Approve for submission to Board of Supervisors
Contract Term: 7/1/10 to 6/30/11 Contract Value: \$931,745
Compliance with Human Resources requirements? Yes: x No:
Compliance verified by: Original contract approved by HR 4/16/10

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

Approved: ✓ Disapproved: Date: 11-23-10 By: 
Approved: Disapproved: Date: By:

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

Approved: ✓ Disapproved: Date: 11/27/10 By: 
Approved: Disapproved: Date: By:

Insurance Certificate requested under separate cover.

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: