

CONTRACT ROUTING SHEET

Date Prepared: 8/17/09

Need Date: 8/28/09

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Amy Higdon
Phone #: X4836
Department: Human Services
Head Signature: *[Signature]*
Daniel Nielson

CONTRACTOR:

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

CONTRACTING DEPARTMENT: Human Services

Service Requested: Approve for submission to Board of Supervisors
Contract Term: 7/1/09 to 6/30/10 Contract Value: \$956,605
Compliance with Human Resources requirements? Yes: x No: _____
Compliance verified by: Approved by Cheryl Dorosh 4/2/09

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

Approved: ✓ Disapproved: _____ Date: 8-18-09 By: *[Signature]*
Approved: ✓ Disapproved: _____ Date: 8/24/09 By: *[Signature]*

x Reso approved

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

Approved: ✓ Disapproved: _____ Date: 8/19/09 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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: _____

2009 AUG 18 AM 6:53
EL DORADO COUNTY COUNSEL
2009 AUG 19 PM 2:41
EL DORADO COUNTY COUNSEL
2009 AUG 27 PM 5:07
EL DORADO COUNTY COUNSEL