


CONTRACT ROUTING SHEET

& Resolution

Date Prepared: 4/2/09

Need Date: 4/17/09

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Amy Higdon
Phone #: X4836
Department: Human Services
Head Signature: 
Doug Nowka

CONTRACTOR:

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

SUPPORTIVE COUNTY COUNSEL
APR 9 9:01 AM 2009
COUNTY COUNSEL

CONTRACTING DEPARTMENT: Human Services

Service Requested: Approve for submission to Board of Supervisors
Contract Term: 7/1/09 to 6/30/10 Contract Value: \$1,215,025.00
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: 4-6-09 By: 
Approved: ✓ Disapproved: Date: 4-28-09 By: 

& with Resolution

RECEIVED HUMAN RESOURCES DEPT
09 APR - 6 AM 9:19

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

Approved: ✓ Disapproved: Date: 4/15/09 By: 
Approved: Disapproved: Date: By:

Insurance Certificate requested under separate cover.

Self insurance certificate attached.

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: