

# CONTRACT ROUTING SHEET

CAO DEADLINE: 09/08/11  
BUS MTG: 09/27/11

Date Prepared: 08.22.11

Need Date: 09.27.2011

CALL FOR PICK UP

### PROCESSING DEPARTMENT:

Department: VETERAN AFFAIRS  
Dept. Contact: PATRICIA MORELLO  
Phone #: X5892  
Department: EDWARD SIMANSON VSO  
Authorization: WILLIAM E. SCHWITZ INT DIRECTOR

### CONTRACTOR:

Contractor: CALVET  
Name: CA DEPT. OF VETERAN AFFAIRS  
Address: VETERAN SERVICES DIVISION  
PO BOX 942895  
Phone: SACRAMENTO CA 94295-0001  
916-653-2573

### CONTRACTING DEPARTMENT: VETERAN AFFAIRS FY112

Service Requested: TO PARTICIPATE IN MEDICAL COST AVOIDANCE & COUNTY SUBVENTION PROGRAMS

Contract Term: ANNUAL Contract/Amendment Value: \$ ✓

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: N/A

Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/29/11 By: D. Livingston  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: nta Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: nta  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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RECEIVED  
HUMAN RESOURCES DEPT.