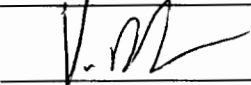


CONTRACT ROUTING SHEET

Date Prepared: 08/21/08

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: District Attorney
Dept. Contact: Jodi Albin
Phone #: 530-621-6421
Department
Head Signature: 


CONTRACTOR:

Name: OES, State of California
Address: 3650 Schriever Avenue
Mather, CA 95655
Phone: 916-324-9101

CONTRACTING DEPARTMENT: District Attorney

Service Requested: Grant Application Approval Elder Abuse
Contract Term: 10/01/08 – 09/30/09 Contract Value: \$90,000
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 8-20-08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

N/A

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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

