

Contract #: 114-O1410  
Index Code: 531011

# CONTRACT ROUTING SHEET

Date Prepared: 6/27/13

Need Date: 7/22/13 HW

**PROCESSING DEPARTMENT:**

Department: HNSA/CSD

**CONTRACTOR:**

Name: AARP Foundation-Senior Community Services Employment Program ("SCSEP")

Dept. Contact: Heather Longo

Address: 1135 Terminal Way, Suite 102

Phone #: X7373

Reno, NV 89502

Department

Phone: 877-324-2243

Head Signature: *Janet Walker-Conroy*  
Janet Walker-Conroy, M.A.,  
Interim Director

**CONTRACTING DEPARTMENT:** HNSA Community Services Division

Service Requested: Host Agency Agreement for the AARP Foundation SCSEP program

Contract Term: ~~8/1/13-7/31/14~~ HW 7/1/13-6/30/14 Contract/Grant Value: \$0.00

Compliance with Human Resources requirements? N/A x Yes No

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

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7/25/2013 By: *K. Markham*

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

*> Please see notes on agreement. The added language is intended to clarify what "supporting SCSEP objectives" means. Noted 7/21/13 HW*

EL DORADO COUNTY COUNSEL  
2013 JUL 10 PM 2:31

**PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!**

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

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
*Nothing for Risk to Approve 7/26/13 cjs*

Please contact Heather Longo x7373 for pick-up. Thanks.

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

**NOTE:** All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 7/19/13 By: \_\_\_\_\_

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

RECEIVED  
HUMAN RESOURCES DEPT.