


# CONTRACT ROUTING SHEET

Date Prepared: 4/10/08

Need Date: 4/23/08

**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

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Approve for submission to Board of Supervisors  
Contract Term: 7/1/08 to 6/30/09 Contract Value: \$1,209,729.00  
Compliance with Human Resources requirements? Yes: x No: \_\_\_\_\_  
Compliance verified by: Approved by Patti Barton 4/9/08

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

Approved:  Disapproved: \_\_\_\_\_ Date: 4-18-08 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT  
DATE: 4/15/2008  
ATTORNEY: EP  
DEPT./INDEX NO.: 53/1016  
BY: APC

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

Approved:  Disapproved: \_\_\_\_\_ Date: 4/22/08 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Insurance Certificate requested under separate cover.

Certificate of self insurance 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: \_\_\_\_\_

2008 APR 14 11:08 AM  
EZ PORRADO DOWNEY COUNSEL

08 APR 22 AM 8:09  
RECEIVED  
HUMAN RESOURCES DEPT 1