


Contract #: AP-0809-29, A1

CONTRACT ROUTING SHEET

Date Prepared: 12/29/08

Need Date: 1/12/09

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

RECEIVED
HUMAN RESOURCES DEPT
08 DEC 30 PM 3:40

CONTRACTING DEPARTMENT: Human Services

Service Requested: Approve for submission to Board of Supervisors

Contract Term: 7/1/08 to 6/30/09 Contract Value: \$1,227,161.00

Compliance with Human Resources requirements? Yes: x No:

Compliance verified by: Original contract approved by Patti Barton 4/9/08

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

Approved: ✓ Disapproved: Date: 12-30-08 By: 
Approved: Disapproved: Date: By:

RECEIVED
HUMAN RESOURCES DEPT
08 DEC 30 PM 3:40

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

Approved: ✓ Disapproved: Date: 12/30/08 By: 
Approved: Disapproved: Date: By:

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: