

CONTRACT ROUTING SHEET

Date Prepared: 4/26/11

Need Date: 5/10/11

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Amy Higdon
Phone #: X4836
Department: Human Services
Head Signature: *Daniel Nielson*
Daniel Nielson, Director

CONTRACTOR:

Name: California Dept. of Aging
Address: 1300 National Drive, Suite 200
Sacramento, CA 95834
Phone: 916-419-7500

EL DORADO COUNTY COUNSEL
APR 27 AM 10:14

CONTRACTING DEPARTMENT:

Human Services

Contract Term: 7/1/11 to 6/30/12 Contract Value: \$933,849

Compliance with Human Resources requirements? Yes: x No: _____

Compliance verified by: Mike Stella

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

Approved: Disapproved: _____ Date: 4-28-11 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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HUMAN RESOURCES DEPT
APR 29 AM 10:59

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

Approved: Disapproved: _____ Date: 4/29/11 By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

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: _____