

Contract #: California Dept. of Aging
Area Plan Standard Agreement #AP-0708-29, Amendment 2

CONTRACT ROUTING SHEET

Date Prepared: 2/14/08


Need Date: 2/25/08

PROCESSING DEPARTMENT:
 Department: Human Services (CS)
 Dept. Contact: Amy Higdon
 Phone #: 4836

CONTRACTOR:
 Name: California Dept. of Aging
 Address: 1300 National Drive, Suite 200
Sacramento, CA 95834-
1992
 Phone: 916-419-7500

Department
 Head Signature: 
 Doug Nowka, Director


CONTRACTING DEPARTMENT: Human Services (Community Services)
 Compliance with Human Resources requirements? Yes: X No:
 Compliance verified by: Patti Barton with original agreement 4/17/07

COUNTY COUNSEL: (Must approve all contracts and MOU's)
 Approved: Disapproved: Date: 2-18-08 By: 
 Approved: Disapproved: Date: By:

ASSIGNMENT
 02/18/2008
 COUNTY INDEX NO. 531010
 RECEIVED
 HUMAN RESOURCES DEPT
 FEB 21 AM 9:41

COUNTY COUNSEL
 B 5 PM 2:55

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (Must approve all contracts, MOU's and boilerplate grant agreements)
 Approved: Disapproved: Date: 2/21/08 By: 
 Approved: Disapproved: Date: By:

RECEIVED
 HUMAN RESOURCES DEPT
 FEB 21 AM 9:41

PLEASE CALL AMY AT x4836 WHEN READY FOR PICKUP, THANKS!

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
 Departments:
 Approved: Disapproved: Date: By:
 Approved: Disapproved: Date: By: