


Contract #: AP-0910-29, A2
& Resolution

CONTRACT ROUTING SHEET

Date Prepared: 1/21/10

Need Date: 2/4/10

PROCESSING DEPARTMENT:

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

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: 7/1/09 to 6/30/10 Contract Value: \$1,037,336
Compliance with Human Resources requirements? Yes: x No: _____
Compliance verified by: Original contract approved by Cheryl Dorosh 4/2/09

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

Approved: Disapproved: _____ Date: 1-25-10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
COUNTY COUNSEL
JAN 22 11 52 AM '10
HUMAN SERVICES DEPT

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

Approved: Disapproved: _____ Date: 1/26/10 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: _____