

CONTRACT ROUTING SHEET

Date Prepared: 2/8/11

Need Date: 2/22/11

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

11
HUMAN RESOURCES DEPT
PH 4:46

CONTRACTING DEPARTMENT: Human Services

Service Requested: Approve for submittal to Board of Supervisors
Contract Term: 7/1/10 to 6/30/11 Contract Value: \$1,004,017
Compliance with Human Resources requirements? Yes: x No: _____
Compliance verified by: Original contract approved by HR 4/16/10

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

Approved: Disapproved: _____ Date: 2-11-11 By: *Elizabeth*
Approved: _____ Disapproved: _____ Date: _____ By: _____

ELIZABETH DO COUNTY COUNSEL
2011 FEB -9 PM 12:04

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

Approved: Disapproved: _____ Date: 2/15/11 By: *M.S.*
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: _____