

CONTRACT ROUTING SHEET

Date Prepared: 2/22/10

Need Date: 3/8/10

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: X4836

Department: Human Services

Head Signature: 

Daniel Nielson

CONTRACTOR:

Name: Area 4 Agency on Aging

Address: 2260 Park Towne Circle, Ste100

Sacramento, CA 95825

Phone: _____

CONTRACTING DEPARTMENT: Human Services

Service Requested: Approve for submission to Board of Supervisors

Contract Term: 7/1/10 to 6/30/16 Contract Value: _____ \$

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

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 2-25-10 By: 

Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
21 FEB 24 AM 9:53

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

Approved: Disapproved: _____ Date: 2/25/10 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: _____

HUMAN SERVICES DEPT
10 FEB 22 PM 3:08