

# CONTRACT ROUTING SHEET

Date Prepared: 9/16/10

Need Date: 9/27/10 PLEASE RUSH

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department

Head Signature: *Daniel Nielson*  
Daniel Nielson, Director

**CONTRACTOR:**

Name: AARP-Senior Community Services Employment Program

Address: 1135 Terminal Way, Suite 102  
Reno, NV 89502

Phone: (877) 324-2243

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Host Agency Agreement for the AARP Foundation SCSEP Program

Contract Term: 1 year Contract Value: \$0

Compliance with Human Resources requirements? Yes: N/A No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 9-21-10 By: *[Signature]*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*\* New Modified form of Standard agreement prepared by AARP must go to BOS for approval*

11/22/10  
COUNTY COUNSEL

Please contact Amy Higdon at x4836 to pickup. Thank you!

**RISK MANAGEMENT:** (Must approve all contracts, MOU's and boilerplate grant agreements)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RISK REVIEW NOT REQUIRED.

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_