## CONTRACT ROUTING SHEET



Need Date: 6/24/11
CONTRACTOR:
Name: California Dept. of Aging
Address: 1300 National Drive, Suite 200 Sacramento, CA 95834
Phone: 916-419-7500

CONTRACTING DEPARTMENT:
Contract Term: $7 / 1 / 11$ to $6 / 30 / 12$
Human Services
Compliance with Human Resources requirements?
Compliance verified by: Mike Strella

Contract Value: $\quad \$ 257,100$
Yes: $\quad \mathrm{x}$ X $\qquad$ No:

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved:
Approved: Disapproved: Disapproved:
Date:
$6-13-4$
By: $\operatorname{Cal}(4)$
$\qquad$ Date: By:
-
$\qquad$


RISK MANAGEMENT: (All contracts and MOU's including boilerplate grant funding agreements
Approved:
Approved:
Disapproved:
Date:
By:

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| :--- |
| PLEASE CALL AMY HIGDON AT X4836 FOR PICK UP. THANKS |

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

