Contract #: MS\$1112-35 & Resolution

CONTRACT ROUTING SHEET

| Date Prepared: | 6/13/11 | _ Need Dat | e: 6/24/11 | | |
|---|---|----------------------|--------------------|------------------|--|
| PROCESSING DEPARTMENT: | | CONTRA | CONTRACTOR: | | |
| Department: | Human Services | Name: | California Dep | t. of Aging | |
| Dept. Contact: | Amy Higdon | Address: | | Drive, Suite 200 | |
| Phone #: | X4836 | | Sacramento, C | | |
| Department | Human Services / | Phone: | 916-419-7500 | | |
| Head Signature: | Canul Cash | | | | |
| | Daniel Nielson, Director | | | | |
| CONTRACTING I | DEPARTMENT: Hu | uman Services | | | |
| Contract Term: _ | 7/1/11 to 6/30/12 | Contract Value | | \$257,100 | |
| Compliance with I | Human Resources requiremen | nts? Yes: | X | No: | |
| Compliance verifie | ed by: Mike Strella | | | | |
| COUNTY COUNS | EL: (Must approve all contra | cts and MOU's) | | 11 | |
| Approved: | | | -/3-U By: | Calleges | |
| Approved: | Disapproved: | Date: | By: | Callery | |
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| | | | | T EL | |
| RISK MANAGEM | ENT: (All contracts and MOU | 's including boilerp | late grant fundii | ng agreements | |
| Approved: | Disapproved: | Date: 6/17 | | 11 51. | |
| Approved: | Disapproved: | Date: | By: | | |
| | | | | | |
| | GDON AT x4836 FOR PICK UP. THAN AL: (Specify department(s) p | | ctly affected by t | this contract) | |
| Departments: | | | | | |
| Approved: | Disapproved: | Date: | By: | | |
| Approved: | Disapproved: | Date: | By: | | |
| | | | - Al | | |