

CONTRACT ROUTING SHEET

Date Prepared: 5/29/12

Need Date: 6/15/12

PROCESSING DEPARTMENT:

Department: Health & Human Services
Agency: _____

Dept. Contact: Dagmar Sampson

Phone #: X4849

Department: Health & Human Services
Agency: _____

Head Signature: [Signature]
Daniel Nielson, Director

CONTRACTOR:

Name: California Dept. of Aging

Address: 1300 National Drive, Suite 200
Sacramento, CA 95834

Phone: 916-419-7500

EL DORADO COUNTY COUNSEL
JUN 10 10:21 AM '12

CONTRACTING DEPARTMENT:

Health and Human Services Agency - CS

Contract Term: 7/1/12 to 6/30/13 Contract Value: \$257,100

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

Compliance verified by: Mike Stella

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

Approved: ✓ Disapproved: _____ Date: 6-5-12 By: [Signature]

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

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

Approved: ✓ Disapproved: _____ Date: 5-5-12 By: [Signature]

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

Public Entry. Certificate of Insurance sent to Sacramento

RISK MANAGER
EL DORADO COUNTY

NOTIFIED
HUMAN RESOURCES DEPT.
JUN -5 PM 4:44

PLEASE CALL DAGMAR SAMPSON AT x4849 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: _____

[Signature]