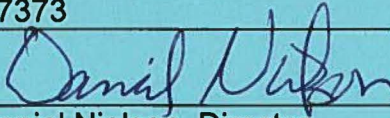


Contract #Commission on Aging Policies and Procedures
CONTRACT ROUTING SHEET

Date Prepared: 9/26/12

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: HHSA/CSD
Dept. Contact: Heather Longo
Phone #: X7373
Department Head Signature: 
Daniel Nielson, Director


CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency/Comm Services Division

Service Requested: Commission on Aging Policies and Procedures
Contract Term: _____ Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 9-27-12 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2012 SEP 27 PM 1:55

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

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

NA

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

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

Please contact Heather Longo to arrange for pick-up. X7373 Thank you!