Contract #: AP-1213-29 & Resolution

CONTRACT ROUTING SHEET

Date Prepared:	4/25/12	Need Dat	te: <u>5/9/12</u>	
PROCESSING D	EPARTMENT:	CONTRA	CTOR:	
Department:	Health & Human Services	Name: California Dept. of Aging		
Dept. Contact:	Amy Higdon	Address:		
Phone #:	x4836	714410001	Sacramento, CA 95	The state of the s
Department	() /h	Phone:	916-419-7500	004
Head Signature:	VILLIONS WICKELLE	1 110110.	010 410 7000	
Thomas or Gridiano	Daniel Nielson, Director	may .		
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CONTRACTING		alth & Human Se		
	7/1/12 to 6/30/13	Contract Value	905,	031
	Human Resources requirement	ts? Yes:	X No:	
Compliance verifi	ed by: Mike Strella-4/24/12			
COUNTY COUNT	SEL: (Must approve all contrac	te and MOLI'a)		
Approved:	Disapproved:		1-12 By: G	1/200
Approved:	Disapproved:	Date:	By:	4 mgs
Approved.	Disapproved.	Date	Бу	-5 b
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RISK MANAGEN	IENT: (All contracts and MOU'	s including boiler	olate grant funding a	reaments)
Approved:	Disapproved:	Date: 5:1	By:	Welliells)
Approved:	Disapproved:	Date:	RISIMANA	CEP
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PLEASE CALL AMY HI	GDON AT x4836 FOR PICK UP. THANK	(SI		က် လ
OTHER APPROV	/Al: (Specify department(s) po	articipating or dire	athy affacted by this a	ontract).
Departments:	/AL: (Specify department(s) pa	articipating of tilre	chy anected by this c	oritract).
Approved:	Disapproved:	Date:	Dvr	
Approved:	Disapproved:	Date:	By:	
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AND NO.				
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