Contract #: AP-1213-29, A2 &

Resolution

Index Code: 531301

## **CONTRACT ROUTING SHEET**

| Date Prepared:                          | 4/5/13                               | Need Date: य                   | 29 13  |
|---|--------------------------------------|--------------------------------|--|
| PROCESSING DI                           | EPARTMENT:                           | CONTRACTOR:                    | •  |
| Department:                             | HHSA/CSD                             | Name: CA Dep                   | t of Aging   |
| Dept. Contact:                          | Amy Higdon                           |                                | ational Dr,., Ste 200  |
| Phone #:                                | x4836                                |                                | ento, CA 95834   |
| Department                              | · A A ) - A                          | Phone: 916-419                 |  |
| Head Signature:                         | Canal Miller                         |                                |  |
| · · · · · · · · · · · · · · · · · · ·   | Daniel Nielson, M.P.A., Direct       | tor                            |  |
|   |                                      |                                |  |
|   | DEPARTMENT: Health and               |                                |  |
|   | d: Services for Seniors incl.        |                                |  |
|   | uly 1, 2012-June 30, 2013            | Contract/Grant V               | alue: <u>\$922,304</u>   |
|   | Human Resources requiremen           |                                | No:  |
| Compliance verifie                      | ed by: HR with original 4/24/1       | 2                              |  |
| COUNTY COUNC                            | El . (Must approve all acutus        | ata and MOLUA                  | 8 5  |
|   | EL: (Must approve all contrac        |                                | Du 47/12/3/  |
| Approved:                               | Disapproved:                         | Date: 4/25/20/3                | By: K. Malegan   |
| Approved:                               | Disapproved:                         | Date: _//                      | Оу.  |
|   |                                      |                                | O S  |
|   |                                      |                                |  |
|   |                                      |                                | · · · · ·  |
|   |                                      |                                |  |
|   |                                      |                                | <u>~ %</u>   |
|   |                                      |                                |  |
|   |                                      |                                |  |
|   |                                      |                                |  |
|   | PLEASE FORWARD TO RIS                | SK MANAGEMENT. THANK YO        | OU!  |
| <b>RISK MANAGEM</b>                     | ENT: (All contracts and MOU'         | 's except boilerplate grant f  | unding agreements)   |
| Approved:                               | Disapproved:                         | Date: 429/3                    | By: 636~/  |
| Approved:                               | Disapproved:                         | Date:                          | By: 00   |
|   | State couracts a                     | 3105                           |  |
|   |                                      |                                |  |
|   |                                      |                                | <u>None de la companya </u> |
|   |                                      |                                | Target of  |
|   |                                      |                                | gen delle<br>Antoniogia<br>Vanni d'An  |
| *************************************** |                                      |                                | Anticone , S   |
|   | AL: (Specify department(s) page 1    |                                |  |
|   | s that involve the acquisition of so | oftware or computer related it | ems must be approved by IT.  |
| Departments:                            |                                      |                                |  |
| Approved:                               | Disapproved:                         | Date:                          | By:  |
| Approved:                               | Disapproved:                         | Date:                          | By:  |
|   |                                      |                                |  |
|   | / /                                  |                                |  |
| Rubille Hent, 4                         | 18/13 Kason4/2loman 4/10/1           | 13 100 Wint a 4/10/12          | er el  |
| PM Review/Date                          | CFO Review/Date                      | Contracts Supe Review/Date     | Contracts Mgr. Review/Date   |
| D. 40/0000 (00 0)                       | • •                                  | -                              | 12-0669 3A 1 of 1  |