

Contract #: AP-1011-29 & Resolution

CONTRACT ROUTING SHEET

Date Prepared: 4/20/10

Need Date: 5/4/10

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Amy Higdon
Phone #: X4836
Department: Human Services
Head Signature: *Daniel Nielson*
Daniel Nielson, Director

CONTRACTOR:

Name: California Dept. of Aging
Address: 1300 National Drive, Suite 200
Sacramento, CA 95834
Phone: 916-419-7500

CONTRACTING DEPARTMENT:

Human Services

Service Requested: Approve for submission to Board of Supervisors

Contract Term: 7/1/10 to 6/30/11 Contract Value: \$924,631 924,238 ^{AT}

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

Compliance verified by: Approved by Mike Stella 4/16/10

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

Approved: ✓ Disapproved: _____ Date: 4-22-10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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EL DORADO COUNTY COUNSEL

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

Approved: ✓ Disapproved: _____ Date: 4/23/10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Insurance Certificate requested under separate cover.

PLEASE CALL AMY HIGDON AT x4836 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: _____

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EL DORADO COUNTY COUNSEL