

# e-Routing Cover Sheet

Department of General Services

## INSTRUCTIONS:

<b>Document Routing Number:</b>	<b>Division</b>
<b>Subject:</b>	<b>Program / Contact Person / Phone Number:</b>

**Action Requested:**

**Brief Description of Package:**

### ***Routing & Approvals***

*By signing this form, I declare that I have no direct or indirect investments, real property, or interest in any company, business entity, or organization that may involve this project or contract.*

Program Approval	Date

Deputy Director Approval	Date
Office of Legal Services	Date
Executive Office	Date

Document Manager/Router:	Contact

**PDF Enclosed (no soft copies)**

### **Comments**



## Website Accessibility Certification

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**State Agency or Entity Name**

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**Contact Name and Email**

The undersigned certify that, as of \_\_\_\_\_  
*Date* the website of the \_\_\_\_\_  
*Agency/State Entity Name*  
is designed, developed, and maintained to be accessible. This denotes compliance with  
the following:

- California Government Code Sections 7405, 11135, and 11546.7
- Web Content Accessibility Guidelines 2.1 published by the Web Accessibility Initiative of the World Wide Web Consortium
- At a minimum Level AA success criteria

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**Printed Name of CIO**

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**Signature of CIO**

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**Date**

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**Printed Name of Director/Secretary**

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**Signature of Director/Secretary**

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**Date**