

DATE 7-6-07

ATTORNEY Res

DEPT./INDEX NO. 402134

Contract Name: State Pediatric IAP Agreement

Contract # 07-65220

Budget Code: 402134

BY: _____

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Public Health

Dept. Contact: Dan Buffalo

Phone #: 621-6226

Department Head Date: July 2, 2007

Signature: [Signature]

for Gayle Erbe-Hamlin

CONTRACTOR:

Name: California Department of Health Services

Address: 1501 Capitol Avenue, Suite 72.2101
Sacramento, CA 95899-7413

Phone: (510) 620-3737

EL DORADO COUNTY COUNSEL
2007 JUL -5 PM 3:50

CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes _____ No X

Compliance verified by: N/A, incoming funding

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

Approved: [Signature] Disapproved: _____ Date: 7/20/07 By: [Signature]

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

Note: must identify contract administrator - same as project representative? This term can be added to item 4 in Ex. A or Ex. E

→ incorporated into Exhibit C, item 19.

7/27/07

DB

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

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

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

INCOMING FUNDING

RISK APPROVAL NOT REQUIRED

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

DEPARTMENT:

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

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