

Internal Contract No: n/a
Purchasing Contract No: _____
Index Code: 403310

CONTRACT ROUTING SHEET

Date Prepared: ²² June 21, 2010

Need Date: 7/7/10

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
Dept. Contact: Kathy Lang
Phone #: x6362
Department _____
Head Signature: *Neda West*
Neda West, Director

CONTRACTOR:

Name: Resolution for CSA 3 Benefit Assessment
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Review and approve Resolution for Board item on 7/20/10
Contract Term: _____ Contract Value: \$0.00
Compliance with Human Resources requirements? Yes No
Compliance verified by: Other

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

Approved: Disapproved: _____ Date: 7/15/10 By: *Terilla Juntosa*
Approved: _____ Disapproved: _____ Date: _____ By: _____

New draft Reso. submitted to Dept. via attorney-client communication. Applicable statutes attached for Dept's review.

Revised resolution attached to Board item 10-0679. K Lang 7/15/10

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

No Risk Management Review required for this Resolution

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

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

Program Mgr / date _____ Finance / date _____