

Internal Contract No: 09-11270
Purchasing Contract No: requested
Index Code: 402133

CONTRACT ROUTING SHEET

Date Prepared: June 10, 2009

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health Svcs Dept - PH Div.
Dept. Contact: Kathy Lang

CONTRACTOR:

Name: California Dept of Public Health
Address: 1501 Capitol Ave, Suite
71.5178, MS1802 PO Box
997377
Sacramento, CA 95899

Phone #: x6362

Department _____

Phone: _____

Head Signature: _____

Neda West, Director

CONTRACTING DEPARTMENT: Health Services Department - Public Health Division

Service Requested: Funding for Immunization program

Contract Term: 7/1/09 - 6/30/10 Contract Value: \$156,056.00

Compliance with Human Resources requirements? Yes No:

Compliance verified by: N/A - Incoming Funding

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

Approved: Disapproved: _____ Date: 6/10/09 By: [Signature]

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

(Reference Exhibit B, item 2 and Exhibit E, item 2.)

** BOS approval required. BOS to be advised that terms of this funding agreement ^{may} allow State to immediately terminate under budget contingency clause without provision for compensation of County for services provided or costs incurred prior to termination. See Ex.B, item 2.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/10/09 By: [Signature]

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

and note prior history showing that State declined to accept County proposed addendum in 2008 (#08-85923) relating to compensation in the event of termination

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

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: [Signature]

Approved: _____ Disapproved: _____ Date: _____ By: [Signature]

AM 9:25
CEC
JUN 11 2009
09 JUN 11 2009