

CONTRACT ROUTING SHEET

Date Prepared: October 1⁵, 2010

Need Date: October 19, 2010

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
Dept. Contact: Kathy Lang x 6362
2nd Contact: Tom Michaelson
Department
Head Signature: *Neda West*
Neda West, Director

CONTRACTOR:

Name: ACCEL Steering Committee
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Interagency Governance Agmt for ACCEL Program
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: 10/20/10 By: *Teresa...*
Approved: _____ Disapproved: _____ Date: _____ By: _____
- I see no legal issues/problems in these documents,

EL POP
2010 OCT - 6 PM 1:04
COUNTY COUNSEL

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.

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

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

Sharon Elliott 10/21/10
Program Manager / date

Finance / date