

# CONTRACT ROUTING SHEET

Date Prepared: 6/17/2010

Need Date: 6/18/2010

**PROCESSING DEPARTMENT:**

Department: RECORDER-CLERK  
Dept. Contact: Jane Kohlstedt-Kathy Hall  
Phone #: 5493 6592  
Department: Recorder-Clerk  
Head Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: State of CA Public Health  
Address: P. O. Box 5102  
Sacramento CA 95899-0184  
Phone: 916-650-0184

**CONTRACTING DEPARTMENT:** Recorder-Clerk

Service Requested: MOU-Revenue- State of CA Dept Public Health  
Contract Term: 1yr Contract Value: \$10,345.  
Compliance with Human Resources requirements? Yes: X No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6-17-10 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** <sup>N/A</sup> (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6/18/10 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_