

Internal Contract No: 888-PHD0909  
Purchasing Contract No: #188-F1011  
Index Code: 401133

# CONTRACT ROUTING SHEET

Date Prepared: October 15, 2009

Need Date: 10/22/09

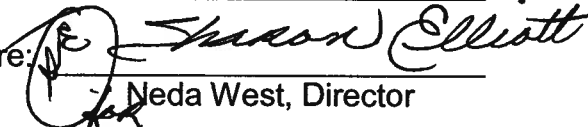
**PROCESSING DEPARTMENT:**

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

**CONTRACTOR:**

Name: Calif Dept Public Health  
Address: Emerg. Preparedness Office,  
MS 7002  
PO Box 997377  
Sacramento, CA 95899-7377

Phone #: x6362

Department Head Signature:   
Neda West, Director

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health Services Department – Public Health Division

Service Requested: Funding for H1N1 Activities - Phase III

Contract Term: 10/30/09 Contract Value: \$90,498.50

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: 10/19/09 By: 

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

I do not see any legal issues or problems presented in this document. The one area which directly deals with "liability immunity," p. 44 of the operational plan, is very broad in its protection of the County.

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

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

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


Funding Agmt – does not require Risk Mgmt review.

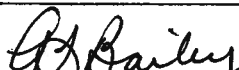
**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_

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

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

  
Program Mgr / date  
10/15/09

  
Finance / date  
10/15/09