


Internal Contract No: 101-162-P-R2010
Purchasing Contract No: _____
Index Code: 402214

CONTRACT ROUTING SHEET

Date Prepared: ²⁰ January ~~15~~, 2010

Need Date: 2-3-10

PROCESSING DEPARTMENT:

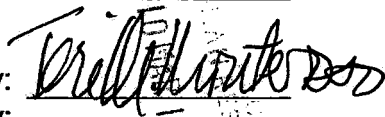
Department: Health Svcs Dept - PH Div.
Dept. Contact: Kathy Lang
Phone #: x6362
Department Head Signature: 
Neda West, Director

CONTRACTOR:


Name: County of Sacramento
Address: 2433 Marconi Avenue
Sacramento, CA 95821
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department - Public Health Division
Service Requested: Funding for emergency housing assistance for persons with AIDS program (HOPWA)

Contract Term: 1/1/10 - 12/31/10
Contract Value: \$44,608.00
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: 3/16/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

ELDRIDGE COUNTY COUNSEL
2010 MAR 16 PM 2: 16

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: _____ Date: 3/16/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

ELDRIDGE COUNTY COUNSEL
2010 MAR 20 PM 2: 59

Please provide certificate of self insurance.
Thanks, Kathy

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

 Program Mgr / date 1/15/10
 Finance / date