

Contract Name: HIV Prevention Program

Contract # PREV 07-9/1

Budget Code: 402223

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Public Health

Dept. Contact: Dan Buffalo

Phone #: 621-6226

Department Head Date: June 27, 2007

Signature: [Signature]

CONTRACTOR:

Name: California Department of Health Services

Address: 1616 Capitol Avenue, Suite 616
Sacramento, CA 95814

Phone: (916) 449-5900

CONTRACTING DEPARTMENT: Public Health

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: 7/13/07 By: Jely Hames

Approved: Disapproved: Date: _____ By: _____

ASSIGNMENT
06/29/2007
62545/62109
COUNTY COUNSEL
DEPT INDEX NO. 402223
BY: [Signature]

Contract Administrator for County must be identified - is it same person as Project Representative? If so, please specify on contract mou. See notes on pgs. 3 and EX.A, p. 1 & 2

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

Approved: Disapproved: Date: 7/17/07 By: [Signature]

Approved: Disapproved: Date: _____ By: _____

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

DEPARTMENT:

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

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