

CONTRACT ROUTING SHEET

Date Prepared: ~~October 31, 2016~~ 11-07-2016 Need Date: 11-23-2016

PROCESSING DEPARTMENT:

Department: HHSA/Public Health
Dept. Contact: Zhana Mc Cullough
Phone #: Ext. 7154
Department
Head Signature: Patricia Charles-Heathers
Patricia Charles-Heathers, Ph.D., Director

CONTRACTOR:

Name: CA Dept. of Public Health
Address: P. O. Box 997377, MS 7320
Sacramento, CA 95899
Phone:

CONTRACTING DEPARTMENT: HHSA/Public Health

Service Requested: Funding for prevention and control of sexually transmitted diseases.
Contract Term: 07/01/2016 - 06/30/2019 Contract/Grant Value: \$9,589
Compliance with Human Resources requirements? N/A X Yes _____ No: _____
Compliance verified by: Incoming funding

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

Approved: X Disapproved: _____ Date: 11/14/16 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: _____ Disapproved: _____ Date: 11-15-16 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____
NOTHING FOR RISK PM 3:22 HR/RM NOV 14 '16

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments:

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

[Signature] 11/14/16
CFO Review Date

[Signature] 11/1/16
Deputy Director, Administration and Contracts Date

10/31/16
11/3/16