ASSIGNMENT * NOTE: -Contract Name: Alpine County Administrative Support Services Contract # CC2006-19 ATTORNEY. Budget Code: 401133 DEPT./INDEX NO. 40133 CONTRACT ROUTING SHEET PROCESSING DEPARTMENT: CONTRACTOR: Department: Public Health Name: Alpine County Health and Human Svs Dept. Contact: Dan Buffalo Address: 75-B Diamond Valleey Road Phone #: 621-6226 Markleeville, CA 96120 Department Head Date: December 21, 2006 (530) 694-2146 Phone: Signature: Systembe Humb CONTRACTING DEPARTMENT: Public Health Compliance with Human Resources requirements? Yes No X Compliance verified by: N/A, Incoming Funding COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: _____ Disapproved: _____ Date: 1:3-07 By: Approved: _____ Disapproved: _____ Date: ____ By: * Su Nove a top of Day RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: _____ Disapproved: ____ Date: ____ By: ____ Approved: ____ Disapproved: ____ Date: By: INCOMING FUNDING **RISK APPROVAL NOT REQUIRED** OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract.) **DEPARTMENT:** Approved: Disapproved: Date: ______ By: ______ Date: _____ By: _____ Approved: Disapproved: