

Assigned to: Della Livingston

Internal Contract No: 08-85923
Purchasing Contract No: 260-F0911
Index Code: 402133

CONTRACT ROUTING SHEET

2008 NOV - 3 PM 4:55
RECEIVED
HUMAN RESOURCES DEPT
COUNTY COUNSEL

Date Prepared: October 31, 2008

Need Date: 11/15/08

PROCESSING DEPARTMENT:

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

Phone #: 621-6362

Department Head Signature: [Signature]
Neda West, Acting Director

CONTRACTOR:

Name: State of Calif - PH Dept
Address: 1501 Capitol Ave, Suite 71.5178, MS 1802 Sacramento, CA 95899-7377
Phone: 530-886-3679

CONTRACTING DEPARTMENT: Public Health

Service Requested: Immunization Program Funding

Contract Term: 7/1/08 - 6/30/09

Contract Value: \$ 143,741

Compliance with Human Resources requirements? Yes: No:

Compliance verified by: N/A Incoming Funding

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

Approved: CONDITIONAL ✓ Disapproved: Date: 11/19/08 By: D. Livingston DAL

Approved: Disapproved: Date: By:

* BE ADVISED THAT IF THE STATE DOES NOT APPROVE A REVISION TO EXHIBIT B, §2 OR THE ADDITION OF THE PROVISION ATTACHED HERETO, YOU RUN THE RISK OF NON-REIMBURSEMENT FOR INCURRED BUT UNINVOICED COSTS SHOULD THE STATE TERMINATE FOR BUDGETARY REASONS.
* AS TO THE INAPPLICABLE IT POLICY (EXHIBIT H), THE SIMPLEST THING TO DO WOULD BE TO STRIKETHROUGH THE LISTING OF EXHIBIT H ON THE "STANDARD AGREEMENT" FORM. ALTERNATIVELY, YOU COULD ATTACH THE "DISCLAIMER" TO THE "STANDARD AGREEMENT," THOUGH THIS IS NOT THE IDEAL WAY TO MODIFY THE TERMS OF AN AGREEMENT.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: Date: 11/20/08 By: [Signature]

Approved: Disapproved: Date: By:

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

Departments:
Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By:

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