

Internal Contract No: 888-PHD0909
Purchasing Contract No: _____
Index Code: 401133

CONTRACT ROUTING SHEET

Date Prepared: September 18, 2009

Need Date: RUSH *Scheduled for BOS 9/29/09*

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: California Dept. of Public Health
Address: 1615 Capitol Avenue, MS 7002
Sacramento, CA 95814
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department – Public Health Division

Service Requested: Letter signed by Director regarding "expedited Payment Agreement for H1N1 Supplemental Funds.

Contract Term: _____ Contract Value: \$88,071.00
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: 9/22/09 By: *William Kenton*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2009 SEP 21 11:25

I do not see any legal issues or problems presented by this document.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

N/A

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

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