

Contract Name: Declaration of Intent Not to Apply

Contract # None

Budget Code: 401111

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Public Health

Dept. Contact: Dan Buffalo

Phone #: 621-6226

Department Head Date: July 9, 2007

Signature: [Signature]

Gayle Erbe-Hamlin

CONTRACTOR:

Name: California Department of Public Health

Address: 1501 Capitol Avenue, MS 5202

Sacramento, CA 95899-7377

Phone: (916) 552-8016

CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes No

Compliance verified by: N/A

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

Approved: Disapproved: Date: 7/24/07 By: [Signature]

Approved: Disapproved: Date: _____ By: _____

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

Approved: Disapproved: Date: 7/26/07 By: [Signature]

Approved: Disapproved: Date: _____ By: _____

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

DEPARTMENT:

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

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

ASSIGNMENT

DATE: 07/12/2007
ATTORNEY: Lesley Gomez
DEPT./INDEX NO.: 40111
[Signature]

RECEIVED
SACRAMENTO COUNTY COUNSEL
07 JUL 10 PM 3:48
[Signature]

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HUMAN RESOURCES DEPT
07 JUL 25 AM 9:27