

Internal Contract No: SDF 07-15, Yr2
Purchasing Contract No: None
Index Code: 404149

CONTRACT ROUTING SHEET

Date Prepared: January 20, 2009

Need Date: 2/3/09

PROCESSING DEPARTMENT:
Department: Health Svcs Dept - PH Div.
Dept. Contact: Kathy Lang
Phone #: x6362
Department
Head Signature: *Neda West*
Neda West, Director

CONTRACTOR:
Name: Calif Dept of Acohol & Drug Programs
Address: 1700 K Street
Sacramento0, Ca 95811
Phone: 916-324-4398

EL 090906
2009 JUN 2
PM 7:12
COUNTY COUNSEL

CONTRACTING DEPARTMENT: Health Services Department - Public Health Division
Service Requested: Year-2 Notice of Grant Award
Contract Term: 10/1/07 -9/30/12 Contract Value: \$214,926.00
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: 2/11/09 By: *Jody Kame*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Yr. 2 of grant agreement previously approved by County Counsel

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: _____ Date: 2/12/09 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
FEB 11
PM 2:47

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____