

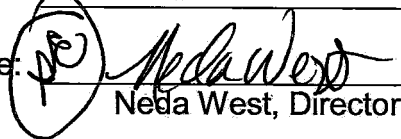
Internal Contract No: DHA-CS-ELD-01-09
Purchasing Contract No: _____
Index Code: 402214

CONTRACT ROUTING SHEET

Date Prepared: December 29, 2008

Need Date: January 12, 2009
~~January 5, 2009~~

PROCESSING DEPARTMENT:

Department: Health Svcs Dept - PH Div.
Dept. Contact: Zhana Mc Cullough
Phone #: 621-6215
Department: _____
Head Signature: 
Neda West, Director

CONTRACTOR:

Name: Sacramento County Department of Human Assistance
Address: 2433 Marconi Avenue
Sacramento, CA 95822
Phone: (916) 875-3601


EL DORADO COUNTY COUNSEL
2009 JAN -8 AM 11:56

CONTRACTING DEPARTMENT: Health Services Department - Public Health Division
Service Requested: Housing Opportunities for Persons with AIDS (HOPWA) Funding
Contract Term: 1 Year 1/1/09 -> 12/31/09 Contract Value: \$43,908
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: 2/25/09 By: Jody B James
Approved: _____ Disapproved: _____ Date: _____ By: _____

Noted -> NOTE: Agreement with public agency (Sacramento County) requires approval and signature by BOS

Completed 3/9/09 - Required change to Exhibit D on pg. 2 is noted on attached copy of agreement (if possible)
- Identify contract administrator (even though this is incoming funding)

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: _____ Date: 3/2/09 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please provide Certificate of Self Insurance. Attached

RECEIVED
RESOURCES DEPT
26 AM 10:53

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