

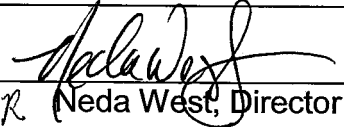
Internal Contract No: SDF 07-15
Purchasing Contract No: _____
Index Code: 404149

CONTRACT ROUTING SHEET

Date Prepared: August 16, 2010

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
Dept. Contact: Kathy Lang x 6362
2nd Contact: Tom Michaelson
Department
Head Signature: 
N.R. Neda West, Director

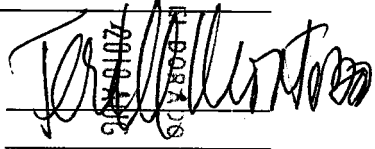
CONTRACTOR:

Name: Calif Dept Alcohol & Drug Prog.
Address: 1700 K Street
Sacramento, CA 95811
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Funding for the Safer Choices Program FY 2010-11
Contract Term: 10/1/07 - 6/30/11 Contract Value: 150,000
Compliance with Human Resources requirements? Yes No
Compliance verified by: N/A - Incoming Funding

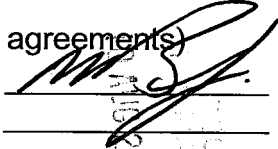
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 8/23/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

2010 AUG 16 PM 1:05
SACRAMENTO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 8/23/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

2010 AUG 17 PM 3:00
RISK MANAGEMENT

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

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

 8/9/10
Program Manager / date

Finance / date