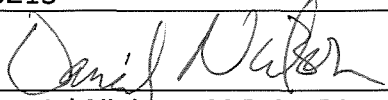


CONTRACT ROUTING SHEET

Date Prepared: 08-02-2012

Need Date: ASAP, Please

PROCESSING DEPARTMENT:

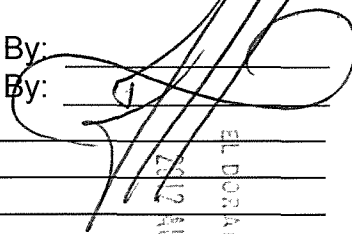
Department: HHSA / Public Health
Dept. Contact: Zhana Mc Cullough
Phone #: 6215
Department Head Signature: 
Daniel Nielson, M.P.A., Director

CONTRACTOR:

Name: Calif Dept of Public Health
Address: 1501 Capitol Ave., Suite 71.5178
Sacramento, CA 95899-7377
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency – Public Health
Service Requested: Funding for AIDS Surveillance activities
Contract Term: 07/01/2010 – 06/30/2013 Contract Value: \$41,418
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: _____ By: _____
Approved: X Disapproved: _____ Date: 8/2/12 By: 


EL DORADO COUNTY COURT
2012 AUG -2 PM 1:00

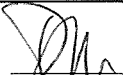
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

Amendment 2 to Funding Agreement –
Does not require Risk Management review.

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

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

 8.1.12
Contracts Review/date

 8/1/12
Contracts Mgr Review/date
D. Stack