

CONTRACT ROUTING SHEET

Date Prepared: October 22, 2009

Need Date: November 4, 2009

PROCESSING DEPARTMENT:

Department: Health Svcs Dept – PH Div.
 Dept. Contact: Kathy Lang
 Phone #: x6362
 Department Head Signature: *Neda West* 10/23/09
 Neda West, Director

CONTRACTOR:

Name: US Dept of Justice
 Address: Office of Justice Programs
Washington DC 20531
 Phone: _____

CONTRACTING DEPARTMENT: Health Services Department – Public Health Division

Service Requested: Drug Court Discretionary Grant Program award
 Contract Term: 9/1/09 - 8/31/12 Contract Value: \$200,000.00
 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: 10/27/09 By: *Drill Hunter*
 Approved: _____ Disapproved: _____ Date: _____ By: _____

2009 OCT 26 PM 2: 58
 CL DORADO COUNTY COUNSEL

Please see attached confidential attorney-client memos

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

Grant funding document – does not require Risk Mgmt review.
Thanks.

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

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

S. White 10/29/09 Program Mgr / date
Quichen Bailey 10/22/09 Finance / date