Contract Name: Blue Shield of California Foundation Grant Agreement
Contract # 1499774
Budget Code: 405260

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:
Department: Public Health
Dept. Contact: Dan Buffalo
Phone #: 621-6226
Department Head Signature: _____ Date: September 6, 2006

CONTRACTOR:
Name: Blue Shield of California
Address: 50 Beale Street
San Francisco, CA 94105-1819
Phone: [illegible]

CONTRACTING DEPARTMENT: Public Health
Compliance with Human Resources requirements? Yes X No ____
Compliance verified by: N/A, Incoming Grant

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: X Disapproved: ____ Date: 9/25/06 By: [illegible]
Approved: ____ Disapproved: ____ Date: ____ By: ____

EL DORADO COUNTY COUNSEL
2006 SEP 13 PM 4:23

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

INCOMING GRANT FUNDING
RISK APPROVAL NOT REQUIRED

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

DEPARTMENT:
Approved: ____ Disapproved: ____ Date: ____ By: ____
Approved: ____ Disapproved: ____ Date: ____ By: ____