

Assigned to: Rebecca Sude II

Internal Contract No: None  
Purchasing Contract No: None  
Index Code: 401111

# CONTRACT ROUTING SHEET

Date Prepared: November 5, 2008

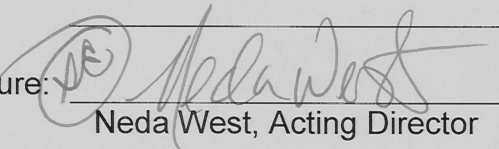
Need Date: Please Rush - 11/17/08

**PROCESSING DEPARTMENT:**

Department: Health Svcs Dept - PH Div.  
Dept. Contact: Kathy Lang  
Phone #: 621-6362

**CONTRACTOR:**

Name: California Dept Public Health  
Address: Co HS Unit / MS 5202  
PO Box 997377, Sacramento, CA  
Phone: 916-552-8016

Department  
Head Signature:   
Neda West, Acting Director

**CONTRACTING DEPARTMENT:** Public Health


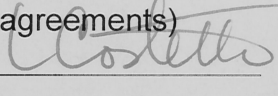
Service Requested: Contracting back to State to administer EMSA allocation  
Contract Term: 7/1/08 - 6/30/09 Contract Value: \$ not provided  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: N/A - incoming funding

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 11/20/08 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 11/20/08 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
COUNTY COUNSEL  
2008 NOV -7 AM 8:04

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HUMAN RESOURCES DEPT  
08 NOV 20 PM 4:52