

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

# CONTRACT ROUTING SHEET

Date Prepared: 11-6  
October 30, 2009

Need Date: 11-20-09

**PROCESSING DEPARTMENT:**

Department: Health Svcs Dept - PH Div.  
Dept. Contact: Kathy Lang  
Phone #: x6362  
Department Head Signature: [Signature]  
Neda West, Director

**CONTRACTOR:**

Name: Calif Dept Alcohol & Drug Prog  
Address: 1700 K Street  
Sacramento, CA 95811  
Phone: 916-324-4398

ELI...  
KADOC COUNTY COUNSEL  
11-11-09 11:11:10

**CONTRACTING DEPARTMENT:** Health Services Department - Public Health Division

Service Requested: Year 3 Notice of Grant Award  
Contract Term: 10/1/07 - 9/30/12 Contract Value: \$220,000.00  
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: 12/28/09 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

I see no legal problems or issues re: this Agreement. The previous two years were previously approved by County Council

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 12/29/09 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

09-11-09 4:56 PM  
HEALTH SERVICES DEPT

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

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

[Signature] 11/2/09  
Program Mgr / date

[Signature]  
Finance / date  
11/03/09