

Contract Name: HIV Prevention MOU, Amendment II

Contract # 04-35346, A03

Budget Code: 402221

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Public Health
Dept. Contact: Dan Buffalo
Phone #: 621-6226
Department Head Date: February 8, 2007
Signature: [Signature]

CONTRACTOR:

Name: CDHS Office of AIDS
Address: MS 7700, PO Box 997426
Sacramento, CA 95899-7426
Phone: (916) 449-5931

CONTRACTING DEPARTMENT: Public Health

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: 2/13/07 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

2007 FEB -9 PM 5:01
EL DORADO COUNTY COUNSEL
[Signature]

ASSIGNMENT
DATE: 02/09/2007
ATTORNEY REVIEW: [Signature]
DEPT./INDEX NO.: 402221
BY: [Signature]

Question?
is this Amendment 2 or 3?
Blue says 2; logged in as 3.

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

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

INCOMING FUNDING GRANT
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: _____