

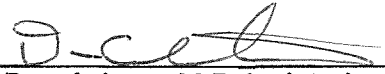
Contract #: _____ Resolution _____
Index Code: _____ 402111 _____

CONTRACT ROUTING SHEET

Date Prepared: 10-24-2013

Need Date: 11-19-2013
For 12-10-2013 BOS Agenda

PROCESSING DEPARTMENT:

Department: HHSA/Public Health
Dept. Contact: Zhana Mc Cullough
Phone #: Ext. 7154
Department
Head Signature: 
Don Ashton, M.P.A., Interim Director

CONTRACTOR:

Name: Calif. Dept. of Public Health
Address: 1615 Capitol Avenue, MS8300
Sacramento, CA 95899
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: BOS Resolution approving Director to sign applications for annual MCAH allocations and review application.
Contract Term: 5 years, expiring 06-30-2018 Contract/Grant Value: \$475,303
Compliance with Human Resources requirements? N/A X Yes _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 11/13/2013 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please be sure the certifications & assurances letters (Nothing) are included w/ this application
Noted 11-15-2013
3m

2013 NOV - 7 AM 12:00
SACRAMENTO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
nothing for Risk 11/15/2013 Geyzi

Please contact _____ for pick-up. Thank you!

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

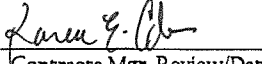
NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments:

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

 10/30/13
Contracts Supe Review/Date

 10/24/13
Program Mgr. Review/Date


Contracts Mgr. Review/Date

 11/2/13
CFO Review/Date

10/31/13