


Internal Contract No: 035-162-P-R2010
Purchasing Contract No: _____
Index Code: 404112

CONTRACT ROUTING SHEET

Date Prepared: ^{4/20/10} April 14, 2010

Need Date: 4/28/10

PROCESSING DEPARTMENT:

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

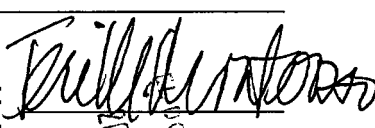
CONTRACTOR:

Name: Dept of Alcohol & Drug Programs
Address: 1700 K Street, 4th Floor
Sacramento, CA 95811
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department – Public Health Division

Service Requested: Alcohol & Drug Funding via Net Negotiated Amount (NNA) Agmt 10-NNA09
Contract Term: 7/1/10 - 6/30/13 Contract Value: \$3,144,735.00
Compliance with Human Resources requirements? Yes No
Compliance verified by: N/A - Incoming Funding

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

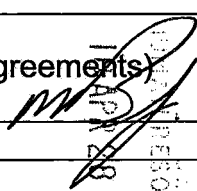
Approved: Disapproved: _____ Date: 4/28/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

Note to Counsel – this Agmt for FY 2010-13 funding is due to the State by 6/15/10.
Therefore this is on the 5/25/10 BOS Agenda. Pls expedite as soon as possible.
Many thanks.

2010 APR 21 AM 7:24
COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

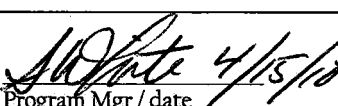
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

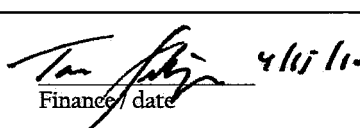
Approved: Disapproved: _____ Date: 4/29/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

2010 APR 28 PM 5:04
RISK MANAGEMENT DEPT

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

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

 4/15/10
Program Mgr / date

 4/15/10
Finance / date