

Internal Contract No: 228-124A-P-R2009 & 888-PHD0909

Purchasing Contract No: \_\_\_\_\_

Index Code: 401133

# CONTRACT ROUTING SHEET

Date Prepared: August 6, 2010

Need Date: 8/12/10

**PROCESSING DEPARTMENT:**

Department: Health Svcs - Public Health

Dept. Contact: Kathy Lang x 6362

2<sup>nd</sup> Contact: Tom Michaelson

Department: \_\_\_\_\_

Head Signature: *Neda West*

*Neda West, Director*

**CONTRACTOR:**

Name: Calif Dept Public Health

Address: Emerg Preparedness Office MS 7002`

PO Box 997377

Phone: Sacramento, CA 95899-7377

**CONTRACTING DEPARTMENT:** Health Services Department

Service Requested: One month extension of PHER Phase I, II & III funding

Contract Term: 7/31/09 through 7/30/10 with extension through 8/30/10 Contract Value: \$660,401.00

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: 8/9/10 By: *Terry...*

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

I see no legal issues/problems with this Amendment. Thank you.

EL DOR COUNTY COUNTY CLERK  
2010 AUG -6 PM 5:30

**PLEASE RUSH - THIS MUST GO TO BOARD 8/24 TO QUALIFY FOR EXTENSION**

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

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

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

**Incoming funding - does not require Risk Mgmt review. Thanks**

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

Departments: \_\_\_\_\_

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

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

Program Manager / date

Finance / date