

Internal Contract No: 07-NNA09 A-1 to
FY 2009-10

Purchasing Contract No: _____

Index Code: 404112

CONTRACT ROUTING SHEET

1-6-10

Date Prepared: December 31, 2009

Need Date: 1-20-10

PROCESSING DEPARTMENT:

Department: Health Svcs Dept - PH Div.

Dept. Contact: Kathy Lang

Phone #: x6362

Department _____

Head Signature: 

Neda West, Director

CONTRACTOR:

Name: Calif Dept Alcohol & Drug

Address: 1700 K Street

Sacramento, CA 95811-4037

Phone: _____

CONTRACTING DEPARTMENT: Health Services Department - Public Health Division

Service Requested: Agmt to fund Alcohol & Drug Counseling svcs

Contract Term: 7/1/07 - 6/30/10 Contract Value: \$4,251,771.00

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: 2/24/10 By: 

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

I see no legal issues presented by this Amendment - approved.

MAY 6 PM 2:05 COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

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

Please note - this State funding agreement does not require Risk Mgmt review.

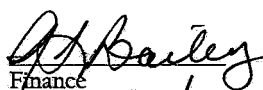
OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____

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

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

Program Mgr _____


Finance

12/31/09

MAR 1 '10 PM 4:52

Rec'd by Dept.

10-0213.A.1