

RE-Assigned to: *Nedra West*  
*DAVE LIVINGSTON*

Internal Contract No: EPO-08-10  
Purchasing Contract No: Requested  
Index Code: 401133

# CONTRACT ROUTING SHEET

*362-F0911*

Date Prepared: September 19, 2008

Need Date: October 3, 2008

### PROCESSING DEPARTMENT:

Department: Public Health  
Dept. Contact: Kathy Lang  
Phone #: 621-6362  
Department  
Head Signature: *Neda West*  
Neda West, Acting Director

### CONTRACTOR:

Name: Calif Dept of Public Health  
Address: ER Preparedness Office  
P.O. Box 997377  
Phone: \_\_\_\_\_

RECEIVED  
10/1/2008  
10:41 AM  
DR  
D. Livingston  
COUNTY COUNSEL  
10/1/2008  
10:41 AM  
DR  
D. Livingston

### CONTRACTING DEPARTMENT: Public Health

Service Requested: Incoming funding for CDC, CRI, Pandemic flu & HPP  
Contract Term: 7/1/08 through 6/30/09 Contract Value: \$629,848  
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: 10/17/08 By: D. Livingston DR  
Approved: CONDITIONAL ✓ Disapproved: \_\_\_\_\_ Date: 11/19/08 By: D. Livingston DR

*\* RETURN TO DEPARTMENT FOR REVISIONS TO BUDGET CONTINGENCY CLAUSE FOLLOWING DISCUSSIONS WITH STATE.*

*\* Add contract administrator provision.*

*Re-submit 10/31/08  
i request for disclaimer.  
Kathryn Ray*

BE ADVISED THAT IF THE STATE DOES NOT APPROVE A REVISION TO EXHIBIT B, § 2 OR THE ADDITION OF THE PROVISION ATTACHED HERETO, YOU RUN THE RISK OF NON-REIMBURSEMENT FOR INCURRED BUT UNINVOICED COSTS SHOULD STATE TERMINATE FOR BUDGETARY REASONS. PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 11/20/08 By: Coslett  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT  
08 NOV 20 AM 7:44  
BUDGETARY REASONS.

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

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