

# CONTRACT ROUTING SHEET

Date Prepared: August 30<sup>th</sup> 2010

Need Date: 9/13/10

**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: 1615 Capitol Ave, MS 8305  
PO Box 997420  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health Services Department

Service Requested: BOS Resolution approving Director signing application for MCAH allocation  
Contract Term: 7/1/10 - 6/30/11 Contract Value: \$553,790.00  
Compliance with Human Resources requirements? Yes  No   
Compliance verified by: Other

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

Approved:  Disapproved: \_\_\_\_\_ Date: 9/7/10 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Reso is fine - I see no legal issues or problems. For the "P. P Manual," attached as an exhibit, it contains some language which is "standard" for state contracts, but "nonstandard" for County - e.g. indemnification (p. 84), termination by CDPH (p. 89), IP indemnity (pp. 107-108), but none of it illegal. Just hoping for Dept.

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: \_\_\_\_\_

**Resolution – does not require Risk Management Review.**

**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