

Purchasing Contract No: 029-F1111  
Index Code: 404112

# CONTRACT ROUTING SHEET

Date Prepared: 6/14/12

Need Date: 6/28/12

## PROCESSING DEPARTMENT:

Department: HSA / Public Health  
Dept. Contact: Kathy Lang  
Phone #: X6362  
Department Head Signature: Daniel Nielson  
Daniel Nielson, M.P.A., Director

## CONTRACTOR:

Name: CA Dept of Alcohol & Drug  
Address: 1700 K Street  
Sacramento, CA 95811-4037  
Phone: \_\_\_\_\_

## CONTRACTING DEPARTMENT: Health and Human Services Agency - PHD

Service Requested: A2 to FY 2011-12 for Alcohol and Drug Funding Agmt  
Contract Term: 7/1/10 - 6/30/13 Contract Value: \$2,965,122 (3 yrs)  
Compliance with Human Resources requirements? Yes x No: \_\_\_\_\_  
Compliance verified by: N/A Funding Agmt.

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: condit Disapproved: \_\_\_\_\_ Date: 6/18/12 By: [Signature]

Please reference original contract and amendment & include a reference to all documents from v.1. The amendment (v.2) in its current form is not a contract. dne

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

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

Risk Mgmt not required for this Amendment to grant funding agmt.

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

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

[Signature] 6/7/12  
Contracts Review/date

Lynda Webb 6/8/12  
Contracts Mgr Review/date