

Contract Name: AIDS Master Grant, Amendment II

Contract # 04-35346, A03

Budget Code: 402221

# CONTRACT ROUTING SHEET

### PROCESSING DEPARTMENT:

Department: Public Health  
Dept. Contact: Dan Buffalo  
Phone #: 621-6226  
Department Head                      Date: February 8, 2007  
Signature: *Dan Buffalo*

### CONTRACTOR:

Name: CDHS Office of AIDS  
Address: MS 7700, PO Box 997426  
Sacramento, CA 95899-7426  
Phone: (916) 449-5931

### CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes            No X

Compliance verified by: N/A, Incoming Funding

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

Approved: X Disapproved:            Date: 2/10/07 By: *DC [Signature]*  
Approved:            Disapproved:            Date:            By:           

E-MAIL ADD COUNTY COUNSEL  
7:00 FEB -9 PM 5: 01  
*Hand Delivered*

ASSIGNMENT  
DATE 02/12/07  
ATTORNEY [Signature]  
EPT./INDEX NO. 402221  
BY: [Signature]

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

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

### INCOMING FUNDING GRANT RISK APPROVAL NOT REQUIRED

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

#### DEPARTMENT:

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