

Contract Name: _____ Declaration of Intent Not to Apply

Contract # _____ None

Budget Code: _____ 401111

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Public Health

Dept. Contact: Dan Buffalo

Phone #: 621-6226

Department Head Date: September 26, 2007

Signature: *Gayle Erbe-Hamlin*

Gayle Erbe-Hamlin

CONTRACTOR:

Name: California Department of Public Health

Address: 1501 Capitol Avenue, MS 5202

Sacramento, CA 95899-7377

Phone: (916) 552-8016

CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes _____ No X

Compliance verified by: N/A

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

Approved: Disapproved: _____ Date: 10/12/07 By: *Edy Gomez*

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

ASSIGNMENT

10/03/2007
ATTORNEY LESLEY G.
INDEX NO. 50111
940

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

Approved: Disapproved: _____ Date: 10/15/07 By: *L. Costello*

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

2007 OCT - 1 3:27
EL DORADO COUNTY COUNSEL
Human Resources
RECEIVED
HUMAN RESOURCES DEPT
07 OCT 15 AM 9:24

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

DEPARTMENT:

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

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