

Internal Contract No: DDC 09-10-09  
Purchasing Contract No: requested  
Index Code: 404142

# CONTRACT ROUTING SHEET

Date Prepared: June 10, 2009

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: Health Svcs Dept – PH Div.  
Dept. Contact: Kathy Lang  
Phone #: x6362  
Department  
Head Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: State of Calif - Health & Human Svcs Agency  
Address: 1700 K Street, 5<sup>th</sup> Floor  
Sacramento, CA 95811-4037  
Phone: \_\_\_\_\_

Neda West, Director

**CONTRACTING DEPARTMENT:** Health Services Department – Public Health Division

Service Requested: Funding Agmt for CDCI - Dependency Drug Court  
Contract Term: 7/1/09 - 6/30/10 Contract Value: \$92,659.00  
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: 6/10/09 By: Jody B. Kane  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*(Reference Terms + Conditions, Article III B.)*

*DND } \* BOS approval required. BOS must be advised that this agreement, as with grant agreement for CDCI 1-09-10-09, contains a fiscal/budget contingency provision for benefit of State allowing cancellation of agreement if there is insufficient funding without security of provision promising compensation of County for services provided and costs incurred prior to termination.*

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: \_\_\_\_\_

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HUMAN RESOURCES DEPT  
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**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

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