

Contract Name: AIDS Ryan White Program Funding Agreement

Contract # 7275-07/08-709

Budget Code: 402215

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Public Health
Dept. Contact: Dan Buffalo
Phone #: 621-6226
Department Head Date: April 11, 2007
Signature: *[Signature]*

CONTRACTOR:

Name: County of Sacramento, Dept. HHS
Address: 7001-A East Parkway
Sacramento, CA 95823
Phone: (916) 875-2002

2007 APR 12 PM 3:56
EL DORADO COUNTY COUNSEL
County Counsel

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: 4/27/07 By: *[Signature]*
Approved: Disapproved: Date: By:

ASSIGNMENT
DATE 04/13/2006
ATTORNEY R. E. [Signature]
DEPT. INDEX NO. 402215
BY: [Signature]

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

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

**INCOMING FUNDING
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: