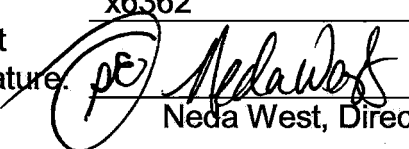


CONTRACT ROUTING SHEET

Date Prepared: 4/20/10
April 14, 2010

Need Date: 4/28/10

PROCESSING DEPARTMENT:

Department: Health Svcs Dept – PH Div.
 Dept. Contact: Kathy Lang
 Phone #: x6362
 Department Head Signature: 
Neda West, Director

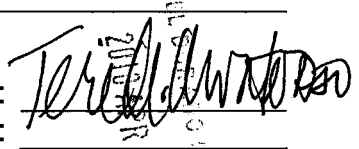
CONTRACTOR:

Name: Dept of Alcohol & Drug Programs
 Address: 1700 K Street, 4th Floor
Sacramento, CA 95811
 Phone: _____

CONTRACTING DEPARTMENT:

Health Services Department – Public Health Division
 Service Requested: Alcohol & Drug Funding via Net Negotiated Amount (NNA) Agmt
 Contract Term: 7/1/09 - 6/30/10 Contract Value: \$1,041,412.00
 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: 4/27/10 By: 
 Approved: _____ Disapproved: _____ Date: _____ By: _____

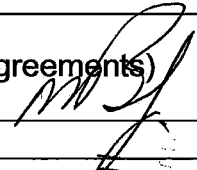
Note to Counsel – this Amendment (V.2) to the FY 2009-10 funding is due to the State by 6/14/10. Therefore this is on the 5/25/10 BOS Agenda. Pls expedite as soon as possible. Many thanks.

COUNTY COUNSEL
 APR 21 AM 7:21

I do not see any legal problems or issues presented by this Amendment, but it is technically retroactive, due to state funding streams....

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

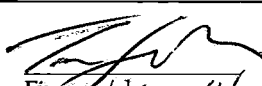
Approved: Disapproved: _____ Date: 4/28/10 By: 
 Approved: _____ Disapproved: _____ Date: _____ By: _____

RISK MANAGEMENT
 APR 28 PM 3:28

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

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


 Program Mgr / date 4/15/10


 Finance / date 4/14/10