

Contract Name: Point of Distribution (POD) MOU, Mass Prophylaxis Dispensing .

Contract # MOU .

Budget Code None .

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Public Health
Dept. Contact: Dan Buffalo
Phone #: 621-6226
Department Head Date: August 17, 2006
Signature: [Signature]

CONTRACTOR:

Name: Lake Tahoe Unified School District
Address: 1021 Al Tahoe Blvd
South Lake Tahoe, CA 96150
Phone: (530) 541-2850

CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes: X No:
Compliance verified by: N/A, MOU w/out Fiscal Provisions

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

Approved: Disapproved: Date: 8/23/06 By: [Signature]
Approved: Disapproved: Date: By:

ASSIGNMENT
DATE 08/18/2006
ATTORNEY Rebecca
DEPT./INDEX NO. 40111

2006 AUG 18 PM 3 42
EL DORADO COUNTY COUNSEL
County MAIL

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

Approved: ✓ Disapproved: Date: 8/23/06 By: [Signature]
Approved: Disapproved: Date: By:

AUG 22 2006

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

DEPARTMENT:

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