

Counsel please include this information in your billing description.	>		
	>	Index Code: 421310	Charge To #:
	>	Description: Grant Funding Agreement between State of California, Department of Public Health and County of El Dorado	

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Community Development Agency
Environmental Mgmt Division
 Dept. Contact: Gerri Silva, Division Director
 Phone: X6653
 Department Head
 Signature: Gerri Silva

CONTRACTOR:

Name: State of California
Public Health Department
 Address: P.O. Box 997377
Sacramento, CA 95899
 Phone: (916) 449-5158

RUSH - Return By Thursday 10:00 AM October 31st Thank you

CONTRACTING DEPARTMENT: CDA – Environmental Management Division

Service Requested of Counsel/Risk: Review & Approve
 Upon execution and shall expire one year
 Contract Term: later or until Fiscal Agent has disbursed the entire Grant Amount – whichever occurs first. Contract Amount: \$ To be determined

Compliance with Human Resources Requirements? Yes: NA No: _____
 Compliance verified by: Contract Notification Sent NA HR Response Received _____

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 10/29/2013 By: J. Sanfey
 Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2013 OCT 29 AM 10:45

Please forward to Risk Management upon approval.

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

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

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

Department(s): _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____