

Internal Contract No: 181-162-P-R2010
Purchasing Contract No: _____
Index Code: 402133

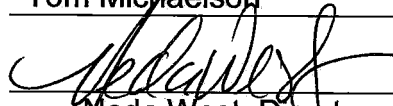
CONTRACT ROUTING SHEET

Date Prepared: ¹⁰ November 10, 2010

Need Date: 11/30/10

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
Dept. Contact: Kathy Lang x 6362

2nd Contact: Tom Michaelson
Department: _____
Head Signature: 
Neda West, Director

CONTRACTOR:

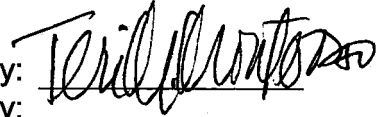
Name: CA Dept Health Services
Address: 850 Marina Bay Parkway, Bldg P
Richmond, CA 94804
Phone: _____

EL DORADO COUNTY COUNSEL
2011 NOV 11 3:12 PM

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Funding for immunization program
Contract Term: 7/1/10 - 6/30/11
Contract Value: \$64,010.00
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: 11/29/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

Note to Counsel – This agmt was received from the State 11/10/10 and is due to the State 12/20/10 to meet their Federal deadline of 12/31/10. It has been submitted for the 12/14/10 BOS agenda to try to meet this deadline. PLEASE RUSH. Thank you.

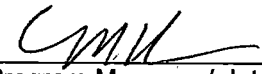
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

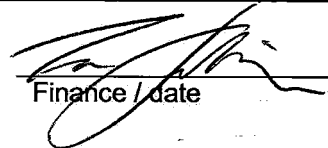
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
___ DOES NOT REQUIRE RISK MANAGEMENT REVIEW

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

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


Program Manager / date 11/10/10


Finance / date 11/12/10