

Internal Contract No: CDCI-09-10-09
Purchasing Contract No: requested
Index Code: 404142

CONTRACT ROUTING SHEET

Date Prepared: June 10, 2009

Need Date: _____

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: State of Calif - Health & Human Svcs Agency
Address: 1700 K Street, 5th Floor
Sacramento, CA 95811-4037
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department - Public Health Division

Service Requested: Funding Agmt for Comprehensive Drug Court Implementation Program
Contract Term: 1/1/10 - 12/31/10 Contract Value: \$93,334.00
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: 6/10/09 By: Jody B. Gava
Approved: _____ Disapproved: _____ Date: _____ By: _____

Dme Board item 09-0715 @
Reference terms and conditions, Article III B BOS approval required. BOS must be advised that this agreement, as with agreement DDC 09-10-09, contains budget contingency clause for benefit of State allowing cancellation of agreement and no provision promising compensation of County for services provided and costs incurred prior to such termination/cancellation for insubsequent funding.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 6/10/09 By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

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HUMAN RESOURCES DEPT
JUN 11 AM 9:59

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

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