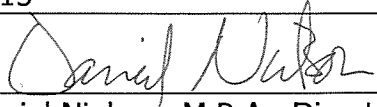


# CONTRACT ROUTING SHEET

Date Prepared: 07-09-2012

Need Date: 07-17-2012

**PROCESSING DEPARTMENT:**

Department: HSA / Public Health  
Dept. Contact: Zhana Mc Cullough  
Phone #: 6215  
Department  
Head Signature:   
Daniel Nielson, M.P.A., Director

**CONTRACTOR:**

Name: Sacramento County  
Address: 7001-A East PKWY, Suite 600B  
Sacramento, CA 95823  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:**

Health and Human Services Agency - Public Health

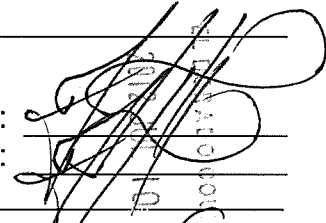

Service Requested: Resolution for pending funding Agreement and forms

Contract Term: 07/01/2012 - 06-30-2015 Contract Value: \$472,578

Compliance with Human Resources requirements? Yes \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: N/A - incoming funding

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

Approved: X Disapproved: \_\_\_\_\_ Date: 7/16/12 By:   
Approved: Cond't Disapproved: \_\_\_\_\_ Date: 7/11/12 By: 

Cond't approval w/ compliance w/ Board Procedures Section 2.1.4; please add signature of authorized individual to submit claims  
07-16-2012

Added signature line, gcm

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Incoming Funding

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Wao 7/6/12  
Contracts Review/date

R. Webb 7/6/12  
Contracts Mgr Review/date