

# CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: Public Health  
 Dept. Contact: Dan Buffalo  
 Phone #: 621-6226  
 Department Head                      Date: September 7, 2006  
 Signature: *[Signature]*

**CONTRACTOR:**

Name: Sierra Foothills AIDS Foundation  
 Address: 12183 Locksley, #205  
Auburn, CA 95603  
 Phone: (530) 889-2437

2006 SEP 12 PM 3:35  
 EL DORADO COUNTY COUNSEL  
*General Reference*

**CONTRACTING DEPARTMENT:** Public Health

Compliance with Human Resources requirements? Yes: X No:             
 Compliance verified by: N/A, Under \$40,000

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

Approved:            Disapproved:            Date: 9/22/06 By: *[Signature]*  
 Approved:            Disapproved:            Date:            By:           

ASSIGNMENT	DATE	APPROVED	DISAPPROVED	DATE	BY
<u>9/12/2006</u>	<u>Rebecca S</u>	<u>[X]</u>	<u>          </u>	<u>          </u>	<u>          </u>
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**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved:            Disapproved:            Date: 9/26/06 By: *[Signature]*  
 Approved:            Disapproved:            Date:            By:           

Conditional approval; GL & Auto coverages have expired; please secure updated insurance cert.

SEP 25 2006

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

Department(s):           

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