

Internal Contract No: 332-~~418~~-P-R2010¹⁶²
Purchasing Contract No: _____
Index Code: 404142

CONTRACT ROUTING SHEET

Date Prepared: June 21, 2010

Need Date: 7/26/10

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
Dept. Contact: Kathy Lang
Phone #: x6362
Department
Head Signature: *Neda West*
Neda West, Director

CONTRACTOR:

Name: CA Dept Alcohol & Drug Prgm
Address: 1700 K Street
Sacramento, CA
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Dependency Drug Court funding
Contract Term: 7/1/10 - 6/30/11 Contract Value: \$92,659.00
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: 7/20/10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

As. see confidential atty-client memo.

Dme 7/28/10
(P)

OFFICE OF PROBATION & PAROLE COUNTY COUNSEL
JUN 21 11:11:59 AM

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: _____

Funding Agreement – 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: _____

[Signature] 6/9/10
Program Mgr / date

[Signature] 6/9/10
Finance / date