

Contract Name: Preventive Health Care for the Aging, Amendment I

Contract # 06-55364

Budget Code: 405140

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Public Health

Dept. Contact: Dan Buffalo

Phone #: 621-6226

Department Head Date: January 4, 2007

Signature: [Handwritten Signature]

CONTRACTOR:

Name: California Department of Health Svcs

Address: 1501 Capitol Avenue, MS 1403

Sacramento, CA 95899-7413

Phone: (916) 552-9977

CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes No X

Compliance verified by: N/A, Incoming Funding

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

Approved: X Disapproved: Date: 1-16-07 By: [Handwritten Signature]

Approved: Disapproved: Date: By:

ASSIGNMENT

01/09/2007
RENEE REBECCA S
INDEX NO. 405140
[Handwritten Signature]

2007 JAN -8 PM 1:17
EL DORADO COUNTY COUNSEL
County Mail

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

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

INCOMING FUNDING

RISK APPROVAL NOT REQUIRED

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

DEPARTMENT:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By: