

Contract Number: 2007-09
Index Code: 402111

CONTRACT ROUTING SHEET

Date Prepared: February 1, 2008

Need Date: 2/22/08

PROCESSING DEPARTMENT:

Department: Public Health

Dept. Contact: Dan Buffalo

Phone #: 621-6226

Department

Head Signature: *Gayle Erbe Hamlin*
Gayle Erbe-Hamlin

CONTRACTOR:

Name: California Department of Public Health

Address: 1615 Capitol Ave
Sacramento, CA 95899

Phone: (916) 650-0300

2008 FEB 19 3:44 PM
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EL DORADO COUNTY COURSE
HANA DELIVERED

CONTRACTING DEPARTMENT: Public Health

Service Requested: Incoming funding: Maternal, Child and Adolescent Health (MCAH) Program

Contract Term: 7/1/07-6/30/10 Contract Value: \$ _____

Compliance with Human Resources requirements? Yes: _____ No: X

Compliance verified by: N/A

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

Approved: X Disapproved: _____ Date: 2-19-08 By: *RC Snittell*

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

ASSIGNMENT

DATE	ATTORNEY	DEPT./INDEX NO.	BY:
02/05/2008	Rebecca S	402111	AD

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 2/20/08 By: *RC Snittell*

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

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

Departments: _____

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

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