


CONTRACT ROUTING SHEET

Date Prepared: August 12, 2008

Need Date: August 26, 2008

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: DeAnn Osborn
Phone #: X7338
Department Head Signature: 
Doug Nowka

CONTRACTOR:

Name: CA Dept of Health Care Svcs
Address: 1501 Capitol Avenue, MS 4607
PO Box 997417
Sacramento, CA 95899-7417
Phone: 916/552-9430

Hand Delivered

CONTRACTING DEPARTMENT: Human Services (Social Services)

Service Requested: Medi-Cal Data Privacy
Contract Term: Upon execution-ongoing Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: No:
Compliance verified by:

COUNTY COUNSEL: (Must approve all contracts and MOUs)

Approved: ✓ Disapproved: Date: 8-15-08 By: [Signature]
Approved: Disapproved: Date: By:

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

Approved: ✓ Disapproved: Date: 8/18/08 By: [Signature]
Approved: Disapproved: Date: By:

2008 AUG 12 11:31 AM

*RECEIVED
HUMAN RESOURCES DEPT
08 AUG 15 PM 1:31*

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

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

NOTE: Once approved, please do not return to requester via interoffice mail. Instead, please call DeAnn Osborn for pick-up at X7338. Thank you!