

CONTRACT ROUTING SHEET

Date Prepared: October 15
September 1, 2010

Need Date: 10-29-10

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
 Dept. Contact: Kathy Lang x 6362
 2nd Contact: Tom Michaelson

CONTRACTOR:

Name: Sacramento County
 Address: DHHS, Contract Unit
7001-A East parkway, Suite
1000
 Phone: Sacramento, CA 95823

Department
 Head Signature: *Neda West*
Neda West, Director

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Ryan White Grant Funding for People living with AIDS
 Contract Term: 4/1/07 through 6/30/12 Contract Value: \$779,786.00
 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: 10/25/10 By: *Trish Winters*
 Approved: Disapproved: Date: _____ By: _____

Note - The exhibits & attachments are numbered confusingly - but based on Dept's representation that all exhibits & attachments are included in this packet, I see no legal issues or problems.
 (P) - contract is technically retroactive and increases payments by \$200k to EDC, but due to EDC's increased services provided, so not a problem.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 10/25/10 By: *[Signature]*
 Approved: Disapproved: Date: _____ By: _____

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

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

CMK 9/15/10
 Program Manager / date

[Signature] 10/15/10
 Finance / date
 add I-57.
 Bgr