


# CONTRACT ROUTING SHEET

Date Prepared: 2/1/10

Need Date: 2/16/10

**PROCESSING DEPARTMENT:**

Department: Human Services  
Dept. Contact: Amy Higdon  
Phone #: x4836  
Department Head Signature:   
Daniel Nielson, Director

**CONTRACTOR:**

Name: CA Dept. Public Health  
Address: P.O. Box 997375  
Sacramento, CA 95899-7375  
Phone: 916-928-8806

**CONTRACTING DEPARTMENT:**

Human Services (Community Services Division)

Compliance with Human Resources requirements? Yes: x No: \_\_\_\_\_

Compliance verified by: Approved with original contract by Patti Barton

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 2-11-10 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**RISK MANAGEMENT:** (Must approve all contracts, MOU's and boilerplate grant agreements)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 2/12/10 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE CALL AMY HIGDON AT x4836 FOR PICK UP. THANKS!

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
FEB 11 PM 4:42  
COMMUNITY SERVICES DIVISION