

DATE 8-29-07

ATTORNEY LG Contract Name: CDCI Dependency Drug Court Notice of Grant Award

DEPT./INDEX NO. 404144 Contract # DDC 07/08-09  
Budget Code: 404144

BY: Km

# CONTRACT ROUTING SHEET

### PROCESSING DEPARTMENT:

Department: Public Health  
Dept. Contact: Dan Buffalo  
Phone #: 621-6226  
Department Head Date: August 27, 2007  
Signature: [Signature]

### CONTRACTOR:

Name: California Department of Alcohol and Drug Programs  
Address: 1700 K Street  
Sacramento, CA 95811-4037  
Phone: (916) 445-1942

EL DODD ADD COUNTY COUNSEL  
2007 AUG 29 PM 3:40

### 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:  Disapproved:  Date: 9/13/07 By: [Signature]  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Add contract administrator to title on cover page if possible - see suggestion.

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

Approved:  Disapproved:  Date: 9/17/07 By: [Signature]  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT  
SEP 13 PM 3:58

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

#### DEPARTMENT:

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