

Assigned To: Rebecca Stettell  
Contract #: 08-85054

# CONTRACT ROUTING SHEET

Date Prepared: August 1, 2008

Need Date: August 15, 2008

**PROCESSING DEPARTMENT:**

Department: Public Health

Dept. Contact: Zhana Mc Cullough

Phone #: 621-6215

Department

Head Signature: *Neda West*  
Neda West

**CONTRACTOR:**

Name: California Department of Public Health

Address: 1501 Capitol Avenue, Suite 71.5178, MS 1802, P. O. Box 997377

Sacramento, CA 95899-7377

Phone: (916) 650-0109

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SACRAMENTO COUNTY COUNSEL  
*Christy Mitchell*

**CONTRACTING DEPARTMENT:** Public Health

Service Requested: Childhood Lead Poisoning Prevention Program

Contract Term: Three years Contract Value: \$60,000.00

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: 8-5-08 By: *AC Suttell*

Approved:            Disapproved:            Date:            By:           

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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: X Disapproved:            Date: 8/7/08 By: *John Adams*

Approved:            Disapproved:            Date:            By:           

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HUMAN RESOURCES 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:           

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