

Contract Name: HIV/AIDS Surveillance Program MOU

Contract # SP 07-09/3

Budget Code: 402223

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: California Department of Health Services
Address: 1616 Capitol Avenue, Suite 616 Sacramento, CA 95814
Phone: (916) 449-5900

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: 7/13/07 By: *[Signature]*
Approved: Disapproved: Date: By:

ASSIGNMENT

DATE: 06/29/2007
ATTORNEY: LESLIE GUMM
DEPT. INDEX NO.: 44 8223
BY: *[Signature]*

Must identify Contract Administrator pursuant to County Chase VI.602. See note on p. 3.

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

Approved: ✓ Disapproved: Date: 7/17/07 By: *[Signature]*
Approved: Disapproved: Date: By:

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

DEPARTMENT:

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