

Contract Name: Certification Statements, CHDP and CCS.

Contract # None.

Budget Code 402141.

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Public Health

Dept. Contact: Dan Buffalo

Phone #: 621-6226

Department Head Date: August 24, 2006

Signature: Gayle Erbe-Hamlin
Gayle Erbe-Hamlin

CONTRACTOR:

Name: California Health and Human Services

Address: 1616 Capitol Ave., MS 7210, Box 997413

Sacramento, CA 95899-7413

Phone: (916) 552-9977

CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes: X No:

Compliance verified by: N/A, Certifications of Compliance

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

Approved: X Disapproved: Date: 9/8/06 By: RC Judd

Approved: Disapproved: Date: By:

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

Approved: ✓ Disapproved: Date: 9/12/06 By: F. Costello

Approved: Disapproved: Date: By:

ASSIGNMENT

DATE 08/25/2006
ATTORNEY Rebecca S
DEPT./INDEX NO. 621/14
BY: Gayle

2006 AUG 25 PM 3:48
COUNTY COUNSEL
County Mail

RECEIVED
HUMAN RESOURCES DEPT
2006 SEP 11 PM 4:58

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

DEPARTMENT:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By: