

Internal Contract No: 882-PHD0809
Purchasing Contract No: 162-51011
Index Code: 403210

CONTRACT ROUTING SHEET

Resubmit: 12/15/09
Date Prepared: September 10, 2009

Need Date: ASAP - Backup lab services
May be critical for H1N1

PROCESSING DEPARTMENT:

Department: Health Svcs Dept - PH Div.
Dept. Contact: Kathy Lang
Phone #: x6362
Department
Head Signature: *Neda West* 9/10/09
(Neda West, Director)

CONTRACTOR:

Name: Sacramento County *expedite,*
Address: 4600 Broadway, Suite 2300
Sacramento, CA 95820
Phone: 916-874-9231

CONTRACTING DEPARTMENT: Health Services Department - Public Health Division

Service Requested: PH Lab Testing Svcs
Contract Term: signature thru 6/30/10
Contract Value: \$20,000.00
Compliance with Human Resources requirements? Yes No
Compliance verified by: Feasibility Analysis Attached

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

Approved: Disapproved: _____ Date: 9/24/09 By: *Tom Williams*
Approved: Disapproved: _____ Date: 1/5/10 By: *Tom Williams*

Needs insurance certificate. Also, pls. clarify cost for H1N1 testing.
1/8/10: please indicate that the H1N1 'charges' are zero, per your research. Thank you!

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 9/28/09 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

OK 9/11/09 Program Mgr / date
[Signature] 9/10/09 Finance / date