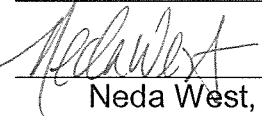


Internal Contract No: 101-162-P-R2011
Purchasing Contract No: requested
Index Code: 402214

CONTRACT ROUTING SHEET

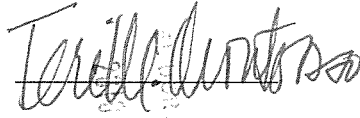
Date Prepared: ²⁴ November 10, 2010


Need Date: 12/8/10

PROCESSING DEPARTMENT:
Department: Health Svcs - Public Health
Dept. Contact: Kathy Lang x 6362
2nd Contact: Tom Michaelson
Department
Head Signature: 
Neda West, Director

CONTRACTOR:
Name: Sacramento County
Address: Dept Human Assistance
2433 Marconi Avenue
Phone: Sacramento, CA 95821


CONTRACTING DEPARTMENT: Health Services Department
Service Requested: Funding for Housing Assistance to Persons Living with AIDS (HOPWA)
Contract Term: 1/1/11 - 12/31/11 Contract Value: \$49,157.00
Compliance with Human Resources requirements? Yes No
Compliance verified by: N/A - Incoming Funding

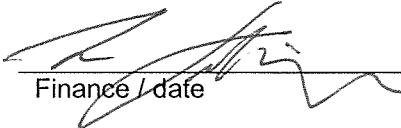
COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: _____ Date: 12/3/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____
*- per our discussions: Article XVI, paragraphs "B" & "C" are possibly in conflict due to poor wording of language in "C" - pls see if County of Sac will clarify.
- provider Incid. Form, Attachment II, wants "death by any cause" reported, contrary to the Incid. Report Policy & Procedure - pls. have Sac Co. clarify.
Rec'd - modified agrmts from Sac Co 1/3/11. (K)*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: _____ Date: 12/6/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

Risk Mgmt - please return to Department with Letter of Self Insurance attached so we may provide this to the funder.

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

 11/10/10
Program Manager / date

 11/8/10
Finance / date