Contract #: N/A Loan Agreement CONTRACT ROUTING SHEET

Date Prepared:	03-9-12	Need Dat	e: ASAP		
PROCESSING D	EPARTMENT:	CONTRA	CTOR:		
Department:	HHSA ,7	Name:			
Dept. Contact:			ess: 3120 Freeboard Dr., Suite 202		
Phone #:	642-4852		West Sacramento, (
Department	Do Marin Ro	Phone:	916-414-4400	371 00001	
Head Signature:	Sanet Maller Cox	When	0.00 111 1100		
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	DEPARTMENT: Health ar				
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Contract Term: _I		Contract Value	\$0.00		
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Compliance verifi	ed by:				
COUNTY COUNS	SEL: (Must approve all conti	racts and MOLI's)			
Approved:	Disapproved:	Date: 3/3/	By: PX	7	
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RISK MANAGEM	IENT: (All contracts and MO		4.0	ments)	
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	/AL: (Specify department(s)	participating or dire	ctly affected by this co	ontract).	
Departments:	Disapproved	Dote	D		
Approved:	Disapproved:	Date:	By:		
Approved:	Disapproved:	Date:	By:	Ne promise promise	