Purchasing Contract No: Index Code:

223-F1311 402215

Resulance	CONTRACT	ROUTING	SHEET	
Date Prepared:	10-10-2012	Need Dat	e: <u>/0-/</u> 9	9-2012
Dept. Contact: Phone #: Department Head Signature:	PARTMENT: HHSA / Public Health Zhana Mc Cullough Ext. 7154  Daniel Nielson, M.P.A., D	CONTRA Name: Address: Phone:	County of Sacr	
Contract Term: 0 Compliance with H	EPARTMENT: Health I: Funding Agreement f 7-01-2012 - 06-30-2015 Iuman Resources require Id by: N/A - incoming fu	ements? Yes		2 02
Approved:	EL: (Must approve all control of Disapproved: Disapproved:	ontracts and MOU's)  Date: //O  Date:	∫( 8 /2 By: By:	Justi Bro
NOV AM 10: 20				P - C - C - C - C - C - C - C - C - C -
Approved:	Disapproved:	MOU's except boilerpla  Date:  Date:	ate grant funding 2012 By: 2012 By:	AUDUVV
no insu	vrance certynal	es (per outer	V XAM)	
OTHER APPROV	AL: (Specify departmen	t(s) participating or dire		
Approved:	Disapproved: Disapproved:	Date: Date:	By:	
Contracts Review/Date	9/21/12	Zynda Webb. Contracts Manager Review	9/28/12 w/Date	