# CONTRACT ROUTING SHEET 

Date Prepared: 8/12/14
PROCESSING DEPARTMENT:
Department:
Health \& Human Services
Dept. Contact:
Phone \#:
Department Head Signature:

Need Date:
FUNDING AGENCY:
Name: CA Dept. of Public Health
Address: 3901 Lennane Drive, MS 8600 Sacramento, CA 95899-7375 916-928-8763

CONTRACTING DEPARTMENT: HHSA - Public Health
Service Requested: Grant funding agreement for Women, Infants, and Children (WIC) services Contract Term: $10 / 1 / 14-9 / 30 / 15 \quad$ Contract/Grant Value: $\$ 784,874$ Compliance with Human Resources requirements? N/A _ Yes x No: Compliance verified by: Judie Engel-8/12/14
COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: $\qquad$ Disapproved: Disapproved: $\qquad$ Date:


By:


PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
 Disapproved: $\qquad$ Date:
By:
By:


Please contact Amy Higdon for pick-up. Thank you!
Date:


OTHER APPROVAL: (Specify departments) participating or directly affected by this contract).
NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other servicelitem that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.
Departments: Information Technologies
Approved:
Approved: $\qquad$ Disapproved:
Disapproved: $\qquad$


By:
$\qquad$


Date:
By:

Review/Date


