Index Code:

Contract #: 267-F1511 401121

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT: Department: HHSA/Public Health Dept. Contact: Zhana Mc Cullough Phone #: Ext. 7154 Department Head Signature: Don Ashton, M.P.A., Director CONTRACTING DEPARTMENT: HHSA/Public Health Service Requested: Funding: FY 2014-2015 tuberculosis activities reimbursement allotment Compliance with Human Resources requirements? Compliance verified by: COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: Date: Disapproved: Date: Disapproved: Date: Disapproved: Date: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Date: By: Disapproved: Disapproved: Date: By: Disapproved: Disapproved: Date: By: Disapproved: Disapproved: Date: By: Disapproved:	Date Prepared:	10-14-2014	Need Date	: ASAP Please redd 10
Service Requested: Funding: FY 2014-2015 tuberculosis activities reimbursement allotment Contract Term: 07/01/2014 – 06/30/2015	Department: Dept. Contact: Phone #: Department	HHSA/Public Health Zhana Mc Cullough Ext. 7154	Name: Address: Phone:	CDPH, Tuberculosis Branch 850 Marina Bay Parkway
Approved: X Disapproved: Date: Date: By: Disapproved: Disapproved: Date: By: Disapproved: Disapproved: Date: By: Disapproved: Date: By: Disapproved: Disapproved: Date: By: Disapproved: Disapproved: Date: Date: Disapproved: Disapproved: Date: Date: Date: Disapproved: Date: Dat	Service Requeste Contract Term:Compliance with	ed: Funding: FY 2014-2015 to 07/01/2014 – 06/30/2015 Human Resources requiremer	uberculosis activitie Contract/	Grant Value: \$5,287, initial amount
PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU! RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Date: /O/DA/I/Y By: Approved: Disapproved: Date: By: OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, of sending electronic information, the acquisition of software or computer related items, or any other service/item that may be related, especially those that involve computers and telecommunications, must be approved by IT before submission Counsel. This also applies to any other contract that requires approval from another department. Departments: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By:	Approved:	X Disapproved:	Date: <u>/0/₂₁/</u>	By: Political Ray By: By: By: By: By: By: By: By: By: By
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	NOTE: Any contract electronic informatio related, especially the Counsel. This also a Departments: Approved:	that involves the development, instant, the acquisition of software or compose that involve computers and telestroplies to any other contract that required Disapproved:	allation, implementation mputer related items, ecommunications, must uires approval from and	tly affected by this contract). , storing, retrieving, transfer, of sending or any other service/item that may be be approved by IT before submission ther department. By:
CFO Review Date Program Manager II, Administration and Contracts Date,	Approved:	Disapproved:	cions or for contract p	acket pick-up. Thank you!

Rev. 12/2000 (GS-GVP)