


Contract #: 026-F1511
Index Code: 401133

CONTRACT ROUTING SHEET

Date Prepared: 09-10-2014

Need Date: Please rush

PROCESSING DEPARTMENT:

Department: HHSA/Public Health
Dept. Contact: Zhana Mc Cullough
Phone #: Ext. 7154
Department
Head Signature: 
Don Ashton, M.P.A., Director

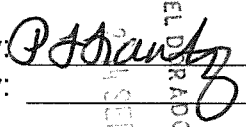
CONTRACTOR:

Name: CA Dept of Public Health
Address: 1616 Capitol Ave., Suite 74.317
MS 1802, P.O. Box 997377
Sacramento, CA 95899
Phone:

CONTRACTING DEPARTMENT: Health and Human Services Agency/Public Health

Service Requested: Exhibit C for FY 2014 – 2017 Preparedness Agreement.
Contract Term: 07/01/2014 – 06/30/2017 Contract/Grant Value: \$1,392,633
Compliance with Human Resources requirements? N/A X Yes _____ No: _____
Compliance verified by: Incoming funding

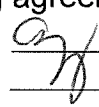
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 9/23/14 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approval of Exh C - sld krus/cord

EL DORADO COUNTY COUNSEL
14 SEP 18 AM 10:35
14 SEP 24 PM 4:55
HUTV...

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved: _____ Date: 9/24/14 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____
Ins. on file

Please contact _____ for pick-up. Thank you!

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract):

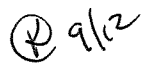
NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

 9/17/14
CFO Review/Date

 9/16/14
Asst. Director Review/Date

 9/12