# CONTRACT ROUTING SHEET 

| Date Prepared: | April 12, 2009 |
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| PROCESSING DEPARTMENT: |  |
| Department: | Health Svcs Dept - PH Div. |
| Dept. Contact: |  |
| Phone \#: |  |
| Department Lang |  |
| Head Signatyre: |  |

Health Services Department - Public Health Division
Service Requested: Coordinate \& Implement access to health insurance for uninsured children Contract Term: 9/20/08-6/30/10
Compliance with Human Resources requirements?
Compliance verified by: Feasibility Analysis Attached

## Need Date: 5/1/09

CONTRACTOR:
Name: CaliforniaKids Healthcare Foundation
Address: 5200 Lankershim Blved, \#360 N. Hollywood, CA 91601

Phone:

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



OTHER APPROVAL: (Specify department(s) participating or directly affected by this contratt).
Departments:
Approved:
Approved: $\qquad$ Disapproved: Disapproved: $\qquad$ Date: __By:

$\qquad$

