Internal Contract No: Purchasing Contract No:

Index Code:

806-PHD1208 559-S0910

405230

## **CONTRACT ROUTING SHEET**

| Date Prepared:                        | April 12, 2009                                                             | Need Date:                            | 5/1/09                          |             |
|---------------------------------------|----------------------------------------------------------------------------|---------------------------------------|---------------------------------|-------------|
| PROCESSING D                          | EPARTMENT:                                                                 | CONTRACTO                             | OR:                             |             |
| Department:                           | Health Svcs Dept – PH Div.                                                 | Name: Ca                              | lliforniaKids Healt<br>undation | hcare       |
| Dept. Contact:                        | Kathy Lang                                                                 | Address: 5200 Lankershim Blved, #360  |                                 |             |
| Phone #:                              | <del>x63</del> 62                                                          | N. Hollywood, CA 91601                |                                 |             |
| Department<br>Head Signature:         | Neda West, Director                                                        | Phone:                                |                                 |             |
| CONTRACTING                           | <b>DEPARTMENT:</b> Health Servi                                            | ces Department – Pu                   | ıblic Health Divisi             | on          |
| Service Requeste                      | ed: Coordinate & Implement a                                               | cess to health insura                 | ance for uninsure               | d children  |
|                                       | 9/20/08 - 6/30/10                                                          |                                       | act Value: \$80,0               |             |
| · · · · · · · · · · · · · · · · · · · | Human Resources requirement<br>ied by: Feasibility Analysis Atta           |                                       | No:                             |             |
| COUNTY COUN                           | SEĻ: (Must approve all contrac                                             | ts and MOU's)                         |                                 | . /         |
| Approved:                             |                                                                            | Date: 5-8-                            | -05 By: 4                       | Chan        |
| Approved:                             | Disapproved:                                                               | Date:                                 | By:                             | 72          |
|                                       |                                                                            |                                       |                                 | G 02        |
|                                       |                                                                            |                                       |                                 |             |
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| RISK MANAGEN<br>Approved:             | D TO RISK MANAGEMENT. THANKS  VENT: (All contracts and MOU's  Disapproved: | s except boilerplate g<br>Date: 5/12/ | rant funding agre               | Ments Litt  |
| Approved:                             | Disapproved:                                                               | Date:                                 | By:                             | Assisted .  |
|                                       |                                                                            | T                                     |                                 | <u> </u>    |
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| OTUED ADDROV                          | /Al: (Specify deportment/s) ==                                             | tioinating or directly                | offootool by this -             | <u> </u>    |
| Departments:                          | /AL: (Specify department(s) pa                                             | rucipating or directly                | anected by this c               | N° P        |
| Approved:                             | Disapproved:                                                               | Date:                                 | By:                             |             |
| Approved:                             | Disapproved:                                                               | Date:                                 | Ву<br>Ву:                       | <del></del> |
|                                       |                                                                            |                                       |                                 |             |
|                                       |                                                                            | <u> </u>                              |                                 |             |