

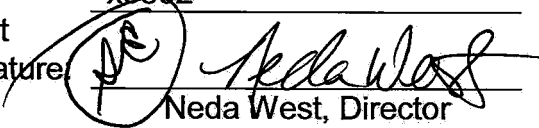
Internal Contract No: 872-PHF0709  
Purchasing Contract No: 087-M1010  
Index Code: 401133

# CONTRACT ROUTING SHEET

Date Prepared: 8/20/09  
July 17, 2009

Need Date: 9/8/09

### PROCESSING DEPARTMENT:

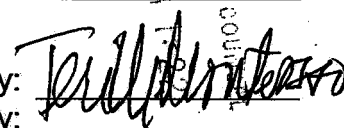
Department: Health Svcs Dept - PH Div.  
Dept. Contact: Kathy Lang  
Phone #: x6362  
Department  
Head Signature:   
Neda West, Director

### CONTRACTOR:

Name: Multiple agencies  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

CONTRACTING DEPARTMENT: Health Services Department - Public Health Division  
Service Requested: Hospital Preparedness collaboration to ensure appropriate response to emergency situations.

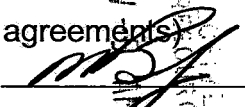
Contract Term: \_\_\_\_\_ Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes  No   
Compliance verified by: Other

COUNTY COUNSEL: (Must approve all contracts and MOU's)  
Approved:  Disapproved: \_\_\_\_\_ Date: 11/6/09 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Approval conditional upon standard, County language ~~for~~ to comport with Public Records Act considerations, (Article IV) - see me if you need suggestions*

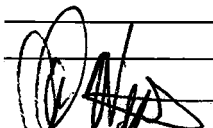
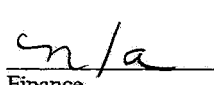
*Done 11/2/09*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)  
Approved:  Disapproved: \_\_\_\_\_ Date: 11/9/09 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

 7/20/09  
Program Mgr  
  
Finance