


Contract #: 119-50911

## CONTRACT ROUTING SHEET

Date Prepared: 6/2/08

Need Date: 6/3/08 or ASAP

### PROCESSING DEPARTMENT:

Department: HR/Risk Management  
Dept. Contact: Larry Costello  
Phone #: 6625  
Department  
Head Signature: 

### CONTRACTOR:

Name: Delta Dental  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### CONTRACTING DEPARTMENT: HR/Risk Management

Service Requested: Review of Amendment to Agreement Renewal  
Contract Term: Two Years Contract Value: \$3.7 million / 2 years  
Compliance with Human Resources requirements? Yes: X No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 6/5/08 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT

DATE: 6/6/2008  
ATTORNEY: MIKE C  
DEPT./INDEX NO.: 082000  
BY: AK

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: X Disapproved: \_\_\_\_\_ Date: 6/2/08 By: L. Costello  
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: \_\_\_\_\_