Internal Contract #: CDCI-08/09-09

Contract #: 192 - FØ911 404147

Index Code:

CONTRACT ROUTING SHEET

Date Prepared:	6/24/08	Need Date:	7/1/08 - PLEASE RUSH
PROCESSING D	FPARTMENT:	CONTRACT	OR: R S 3
Department:	Public Health	Name: C	alifornia Dept of Alcohol and rug Programs
Dept. Contact:	Kathy Lang	Address: 17	700 K Street
Phone #:	621-6362	S	acramento, CA 95811
Department Head Signature:	Gayle Erbe-Hamlin	Phone:	
CONTRACTING	DEPARTMENT: Public Health		
Service Requeste			
Contract Term:			ract Value: \$93,282
Compliance with Compliance verification	Human Resources requirements? ed by: <u>N/A</u>	Yes:	No: x
COUNTY COUNS	SEL: (Must approve all contracts	and MOU's)	an of
Approved:	Disapproved:	Date: 7/16	108 By: Of By: Om
Approved:	Disapproved:	Date:	By:
283			
2 8 5			
975			
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# P A			
PLEASEFORWARI	TO RISK MANAGEMENT. THANKS!		
RISK MANAGEN	IENT: (All contracts and MOU's e	except boilerplate	grant funding agreements)
Approved:/	Disapproved:	Date: 6/27	108 By: (1500)
Approved:	Disapproved:	Date:	By: 8 3
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			2 RA
			7 000
-			9 80
OTHER APPROV	/AL: (Specify department(s) part	icipating or directly	<u> </u>
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
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