Contract #: _ Index Code:

316-S1711

530500

CONTRACT ROUTING SHEET

Date Prepared:	10/31/2016 p-9-16 Townsel	Need Dat	e: <u>12-23</u> -16
PROCESSING DI	EPARTMENT:	CONTRA	CTOR:
Department:	HHSA/SSD	Name:	Sutter Medical Foundation
	Jennifer Anderson	Address:	
	X6901		Sacramento, CA 95833
Department		Phone:	916-649-4101
	Patricia Charles Heath		
	Patricia Charles-Heathers, Ph.D., Director		
	DEPARTMENT: HHSA/Social		
	d: Sexual assault forensic evident		
Contract Term: Upon Execution - perpetual Contract/Grant Value: \$49,000			
Compliance with I Compliance verific	Human Resources requirements? ed by:	' N/A	Yes No:
COUNTY COUNS	SEL: (Must approve all contracts	and MOU's).	
Approved: X	Disapproved:	Date: PB	III BY OOLL
Approved:		Date:	By:
• •			
<u> </u>			
- 2 (C)			
<u>ੂੰ :</u>			
<u>> 5</u> ⊢ ***	PLEASE FORWARD TO RISK	MANIACEMENT :	FLIANIZ VOLU
RISK MANAGEM	ENT: (All contracts and MOU's e		
Approved:	Disapproved:		
Approved:	Disapproved:	Date:	By:
∀hbio xe a⊆	Disappioved.	Date	Бу.
- 1 5			PM2:10 HR/RM DEC 13'16
- 53			FMZ: LV HMYKH DEG 13_10
OTHER APPROV	AL: (Specify department(s) parti	cipating or direc	ctly affected by this contract)
NOTE: Any contract	that involves the development, installati	on, implementation	, storing, retrieving, transfer, or sending o
			or any other service/item that may be IT
			t be approved by IT before submission to
	oplies to any other contract that requires	s approval from and	otner department.
Departments:	D :	D-1-	
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
Please	contact (name & ext) with questions	or for contract pa	cket pick-up. Thank you!
$M_0 \Omega$	1/	* 10 <u>-2-1</u>	.411
200 III W	121116	JAV	ministration and Contracts Date
Chief Fiscal Officer	✓ Date	Deputy Director, Ac	Iministration and Contracts Date

P11/2/16

AP 11/30/1/6

17-0188 A 1 of 1