Contract #: 116-F1810 Index Code: 401133

## **CONTRACT ROUTING SHEET**

Date Prepared:	_8/24/2017 To Course 9/12	Need Da	Need Date: 9/11/17 9/26/17		
PROCESSING D	DEPARTMENT:	CONTRA	CONTRACTOR:		
Department:	HHSA	Name:			
Dept. Contact:	Consie Mote	Address:	1100 Marshall Way		
Phone #:	Ext. 7118		Placerville, CA 95667		
Department		Phone:	530-626-2976	VN 004819	
Head Signature:	Protein Charles-	How P.			
	Patricia Charles-Heathers, Ph.D., Director				
CONTRACTING	DEPARTMENT: Health and H	Juman Candana Assault			
	ed: Funding agreement to reimburse		al Proparedness Brogram		
Contract Term:			t/Grant Value: 14,975	: 22	
	Human Resources requiren		Yes	No:	
Compliance verifi	. [18]	ients? N/A ^		No.	
COUNTY COUNS	SEL: (Must approve all con	tracts and MOU's)		1	
Approved:	/ Disapproved:		/17 By: (3)	The	
Approved:	Disapproved:	Date:	By:	1	
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				OR III	
				SE	
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			Louis and a second	12 0	
24.1	PLEASE FORWARD TO			F0 2	
RISK MANAGEM				eements)	
Approved:/	Disapproved:		8-13- By:	- <u>e</u>	
Approved:	Disapproved:	Date:	By:	7 6	
				7 19	
OTUED ADDROV	(1) (2) (4)	\	OH 10:15 HR/PM SE		
NOTE: Any contract	'AL: (Specify department(s that involves the development, in	) participating or dire	ctly affected by this	contract).	
	that involves the development, in				
elated, especially the	ose that involve computers and t	telecommunications, mus	st be approved by IT be	fore submission to	
	oplies to any other contract that re				
Departments:					
Approved:	Disapproved:	Date:	By:		
Approved:	Disapproved:	Date:	By:		
Please contact Cons	ie Mote, 642-7118	with questions or f	or contract packet pic	k-up. Thank you!	
				A C TOTAL CONTRACTOR OF THE CO	
Mone	Kolleys	1	~	9/11/17	
Chief Fiscal Officer	9/8/17 Date	Deputy Director, A	dministration and Contracts	Date	

Rev. 12/2000 (GS-GVP)

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