

Internal Contract No: N/A
Purchasing Contract No: _____
Index Code: 401111

CONTRACT ROUTING SHEET

Date Prepared: July 1², 2010

Need Date: 7-16-10

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: CA Dept Public Health
Address: Calif Tobacco Control Program
MS 7206, PO Box 997377
Phone: Sacramento, CA 95899

EL DORADO COUNTY COUNSEL
2010 JUL 10:38

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Resolution authorizing Director signature authority for grant documents
Contract Term: n/a Contract Value: \$150,000.00
Compliance with Human Resources requirements? Yes No
Compliance verified by: Other

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

Approved: 7/19/10 ✓ Disapproved: _____ Date: 7/19/10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

After reviewing the supplemental attachments, I see no legal problems with this Reso. Thank you,

PLEASE RUSH - BOARD DATE 7/20/10

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

Does not require Risk Management review and approval.

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

Joe C. Keeler *[Signature]*
Program Mgr / date 7/1/10 Finance / date