

Internal Contract No: 07-65047 A-2 *1 mou*
Purchasing Contract No: requested *sp07/09*
Index Code: 402223 *A01*

CONTRACT ROUTING SHEET

Date Prepared: February 27, 2009

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health Svcs Dept – PH Div.
Dept. Contact: Kathy Lang

CONTRACTOR:

Name: Calif Dept Public Health
Address: 1501 Capitol Avenue, Ste
71.5178, MS 1802, PO Box
997377
Sacramento CA 95899

Phone #: x 6362
Department: _____
Head Signature: *Neda West*
Neda West, Director

Phone: _____

CONTRACTING DEPARTMENT: Health Services Department – Public Health Division

Service Requested: Funding Agmt for HIV/AIDS Surveillance

Contract Term: 7/1/07 - 6/30/10 Contract Value: \$223,744.00

Compliance with Human Resources requirements? Yes ☐ No ☒

Compliance verified by: N/A - Incoming Funding

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

Approved: ☒ Disapproved: _____ Date: 3/27/09 By: *Valery Gane*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Noted
Note: Original STD 2.13 not provided for review.
Relationship between STD 2.13 and mou not
immediately clear. Amended STD 2.13 notes "continued
on next page" but mou appears to be separate
documented identified as "page 1"

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ☒ Disapproved: _____ Date: 4/2/09 By: *[Signature]*
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: _____