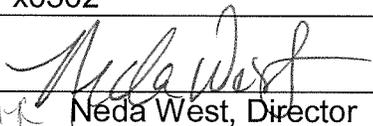


Internal Contract No: A-1, 09-11270
Purchasing Contract No: _____
Index Code: 402133

CONTRACT ROUTING SHEET

Date Prepared: ¹⁷ June 14, 2010

Need Date: 6/19/10 please

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

CONTRACTOR:
Name: CA Dept Public Health
Address: 850 Marina Bay Pkwy, Bld P, 2nd Floor
Richmond, CA 94804
Phone: _____

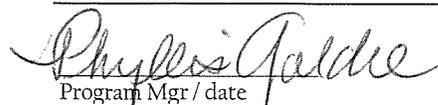
CONTRACTING DEPARTMENT: Health Services Department
Service Requested: Funding agmt for Immunization Activities
Contract Term: 7/1/09 - 6/30/10 Contract Value: \$156,056.00
Compliance with Human Resources requirements? Yes No
Compliance verified by: Feasibility Analysis Attached

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: _____ Date: 6/22/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

Pls. see attached, confidential atty-client memo, Thank you.

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: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____


Program Mgr / date 6-14-10 Finance / date _____