

Contract #: 607-M1210, A2
Index Code: 418720

CONTRACT ROUTING SHEET

Date Prepared: 8/7/13

Need Date: 8/30/13

PROCESSING DEPARTMENT:

Department: Health and Human Services
Agency

Dept. Contact: Kathy Lang

Phone #: X7147

Department

Head Signature: *[Signature]*

Don Ashton, M.P.A., Interim Director

CONTRACTOR:

Name: U.C. Davis Health System

Address: Sherman Bldg, Suite 2300

2315 Stockton Blvd

Phone: Sacramento, CA 95817

916-734-3820

CONTRACTING DEPARTMENT: HHS/Mental Health Division

Service Requested: UCD provides telemedicine equip to MHD Placerville facility.

Contract Term: 5/9/11 - 9/30/13 Contract/Grant Value: \$0

Compliance with Human Resources requirements? N/A Yes No:

Compliance verified by: N/A

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

Approved: Disapproved: Date: By: *[Signature]*

Approved: Disapproved: Date: 9/4/13 By: *[Signature]*

RECEIVED
HUMAN RESOURCES DEPT.
13 SEP -4 PM 2:36

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

nothing for Risk Register 9/15/13

Please contact Heather Longo X7373 for pick-up. Thank you

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

NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

Departments: Submitted to I.T 8/22/13

Approved: Disapproved: Date: 8-27-13 By: *[Signature]*

Approved: Disapproved: Date: By: *[Signature]*

Memo attached

[Signature] 8/9/13
Contracts Supe Review/Date

[Signature] 8/21/13
PM Review/Date

[Signature] 8/22/13
CFO Review/Date