

Contract #: 466-M1311  
Index Code: 403310

## CONTRACT ROUTING SHEET

Date Prepared: 3/7/13

Need Date:

### PROCESSING DEPARTMENT:

Department: Health & Human Svcs

Dept. Contact: Kathy Lang

Phone #: X7147

Department

Head Signature: *[Signature]*  
Daniel Nielson, M.P.A., Director

### CONTRACTOR:

Name: Marshall Medical Center

Address: 1100 Marshall Way  
Placerville, CA 95667

Phone:

**CONTRACTING DEPARTMENT:** Health and Human Services Agency – Public Health

Service Requested: Non-financial MOU setting rates for interfacility transfers

Contract Term: On signature 5 yrs Contract/Grant Value: \$0

Compliance with Human Resources requirements? N/A x Yes

Compliance verified by: Not applicable to this MOU

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

Approved: ✓ Disapproved: Date: 3/11/13 By: *[Signature]*

Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL  
No: 013 MAR - 8  
AM 7:56

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:

**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 approved by IT first. Any contract that requires approval from another department must also be first approved by the other department.

Departments:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By:

*[Signature]* 3/7/13 *[Signature]* 3/7/13 *[Signature]* 3/7/13 *[Signature]* 3/7/13  
PM Review/Date CFO Review/Date Contracts Supe Review/Date Contracts Mgr Review/Date