

Contract #: 606-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

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

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: 9/4/13 By: [Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: Date: 9/5/13 By: [Signature]

EL DORADO COUNTY COUNSEL
2013 SEP 10 11:03

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:
Memo Attached

[Signature] 8/9/13 Contracts Supe Review/Date
[Signature] 8/21/13 PM Review/Date
[Signature] 8/22/13 CFO Review/Date