

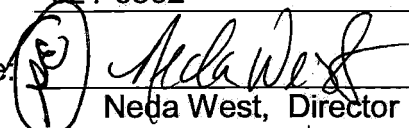
Internal Contract No: 801-PHD1008
Purchasing Contract No: 483-00910
Index Code: 403310

CONTRACT ROUTING SHEET

Date Prepared: November 12, 2008

Need Date: November 26, 2008

PROCESSING DEPARTMENT:

Department: Health Svcs Dept – PH Div.
Dept. Contact: Kathy Lang
Phone #: 621-6362
Department Head Signature: 
Nedra West, Director

CONTRACTOR:

Name: Marshall Medical Center
Address: 1100 Marshall Way
Placerville, CA 95667
Phone: _____

CONTRACTING DEPARTMENT: Health Services Dept – Public Health Division

Service Requested: Level III Trauma Designation
Contract Term: 12/1/08 – 11/30/09 Contract Value: \$ 0
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: N/A no exchange of monies

EL DORADO COUNTY
2008 NOV 24 PM 4:00
COUNSEL

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

Approved: Disapproved: _____ Date: 3/10/09 By: Jody B. Jones
Approved: _____ Disapproved: _____ Date: _____ By: _____

*NOTE: this item was submitted in conjunction with another
Laverde request for advice and converted to a legal service
request accordingly.*

** Approved based on attached revised MOU and
revised exhibit A prepared by County Counsel.
County Counsel modifications are subject to
confirmation that all changes are consistent with
intent of Dept and Local EMS Agency.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 3/18/09 By: 3/17 Constance
Approved: _____ Disapproved: _____ Date: Costello By: call with Rich Todd and Kathy Lang re. County Counsel changes.

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____