


# CONTRACT ROUTING SHEET

Date Prepared: 6-10-08

Need Date: 6-25-08

**PROCESSING DEPARTMENT:**

Department: Human Services  
Dept. Contact: Shirley I. C. Hodgson  
Phone #: 7268  
Department  
Head Signature: 

**CONTRACTOR:**

Name: Marshall Medical Center  
Address: 1100 Marshall Way  
Placerville, CA 95667  
Phone: (530) 626-2786

EL DORADO COUNTY COUNSEL  
2008 JUN 11 PM 3:52  
*County Mail*

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Eligibility Worker assigned to Marshall Hospital to process Medi-Cal/CMSP applications.

Contract Term: 7-1-08 to 6-30-11 Contract Value: \$214,230 paid to EDC by Marshall

Compliance with Human Resources requirements? Yes: n/a No: \_\_\_\_\_  
Compliance verified by: County employee assigned to work at Marshall Medical Center.

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6-16-08 By: Carl Kruse  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT  
DATE: 6/11/08  
ATTORNEY: ELK  
DEPT. INDEX NO.: 530500  
BY: JK

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6/17/08 By: W. Stille  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT  
08 JUN 16 PM 4:26

Please call Shirley Hodgson at 7268 to pick up. Thanks.

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_