


Contract #: 402-M1510
Index Code: _____

CONTRACT ROUTING SHEET

Date Prepared: 2/5/15

Need Date: 2/19/15

PROCESSING DEPARTMENT:

Department: HHSA/Public Health
Dept. Contact: Kathryn Lang
Phone #: X7147
Department
Head Signature: 
Don Ashton, M.P.A.,
Director


CONTRACTOR:

Name: Access El Dorado
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: HHSA/Public Health Division

Service Requested: Collaborative to achieve unified access to health services
Contract Term: _____ Contract/Grant Value: \$0
Compliance with Human Resources requirements? N/A x Yes _____ No: _____
Compliance verified by: _____


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

Approved: X Disapproved: _____ Date: 2/11/15 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSELL
2015 FEB -9 AM 1:31

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: _____ Disapproved: _____ Date: 2/11/15 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____


Nothing for Risk

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

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

15 FEB 13:54

 2/3/15
Chief Fiscal Officer Date

 1/26/15
Program Manager II, Administration and Contracts Date