

Contract Name: Participation in Care Pathways Program MOU

Contract # 669-PHD0907

Budget Code: N/A

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Public Health

Dept. Contact: Dan Buffalo

Phone #: 621-6226

Department Head: Date: September 25, 2007

Signature: [Signature]

CONTRACTOR:

Name: Barton Healthcare System

Address: 2170 South Avenue

South Lake Tahoe, CA 96150

Phone: (530) 541-3420

CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes No X

Compliance verified by: N/A

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

Approved: Disapproved: Date: 10/19/07 By: [Signature]

Approved: Disapproved: Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2007 OCT 1 AM 11:25

~~MOU DRAFTED BY COUNTY COUNSEL~~
(Edited by Counsel)

ASSIGNMENT
10/19/2007
LESLEY C.
INDEX NO. 40444

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

Approved: Disapproved: Date: 10/2/07 By: [Signature]

Approved: Disapproved: Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
07 OCT - 1 PM 4:45

RECEIVED
HUMAN RESOURCES DEPT
07 OCT - 1 PM 4:45

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

DEPARTMENT:

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

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