

Assigned to: Kellecca
S. Hatted

Internal Contract No: 501-PHD0106, A-1
Purchasing Contract No: 815-S0611
Index Code: 405260

CONTRACT ROUTING SHEET

Date Prepared: ~~September 2008~~ 10/31/08 Need Date: 9/30/08 11/14/08

PROCESSING DEPARTMENT:
Department: Public Health
Dept. Contact: Kathy Lang
Phone #: 621-6362
Department Head Signature: *Neda West*
Neda West, Acting Director

CONTRACTOR:
Name: The SPHERE Institute
Address: 500 Airport Blvd, Suite 340
Burlingame, CA 94010
Phone: _____

EL DORADO COUNTY COUNSEL
2008 NOV -3 PM 4: 55
Neda West

CONTRACTING DEPARTMENT: Public Health
Service Requested: Project evaluation as part of grant requirements
Contract Term: 3/21/06 thru 12/31/09 Contract Value: \$ 115,000
Compliance with Human Resources requirements? Yes: x No: _____
Compliance verified by: Feasibility Analysis (attached)

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: _____ Date: 11/20/08 By: *Jody B. Home*
Approved: _____ Disapproved: _____ Date: _____ By: _____

- Contract term extended for total term equal to three years and approximately nine months. Compensation increased \$5k for AHRQ extension report.

- See minor changes for clarification noted on attached copy of amendment, pgs 1 + 2 + 4
Done Kgl 11/21/08

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: _____ Date: 11/20/08 By: *Costello*
Approved: _____ Disapproved: _____ Date: _____ By: _____

- Please secure proof of updated insurance before proceeding with Contract Services.
Done 3pm 11-26-2008

RECEIVED
HUMAN RESOURCES DEPT
08 NOV 20 PM 12:40

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____