

RUSH!

Contract #: 035-51011

CONTRACT ROUTING SHEET

Date Prepared: 06/15/09

Need Date: 06/19/09 or ASAP

PROCESSING DEPARTMENT:

Department: Human Resources
Dept. Contact: Donna Mullens
Phone #: X6060
Department: M. Allyn Bulzomi
Head Signature: *[Signature]*

CONTRACTOR:

Name: Kaiser Permanente
Address: _____
Phone: _____

CONTRACTOR'S COPY

CONTRACTING DEPARTMENT: HR/Risk Management

Service Requested: Review of Medical Coverage Contract with Kaiser
Contract Term: Annual Contract Value: \$5,767,260
Compliance with Human Resources requirements? Yes: x No: _____
Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: _____ By: 8/3/09
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 8/4/09 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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

09-AUG-3 PM 12:10
HUMAN RESOURCES DEPT