

Internal Contract No: 009 097-111-P-N2010  
Purchasing Contract No: \_\_\_\_\_  
Index Code: 403310

# CONTRACT ROUTING SHEET

Date Prepared: June 7, 2010 *6/14/10*

Need Date: 6/28/10

## PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health  
Dept. Contact: Kathy Lang  
Phone #: x6362  
Department Head Signature: *Neda West*  
Neda West, Director

## CONTRACTOR:

Name: Barton Healthcare System  
Address: 2170 South Ave  
South Lake Tahoe, CA 96150  
Phone: \_\_\_\_\_

## CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Barton to act as base hospital to provide direction and supervision for EMT and paramedics

Contract Term: 8/17/10 to 8/16/13 Contract Value: \$0.00

Compliance with Human Resources requirements? Yes  No:

Compliance verified by: Feasibility Analysis Attached

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7/20/10 By: *Drill*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Pls. see attached confidential attorney-client memo, Thank you.*

*Issues identified in memo have been discussed and addressed with Council and Risk Management. Ok 11/30/10*  
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7/20/10 By: *MS*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Pls see attached ltr - Agree of Ins & Indemnity statement!*

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

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

*As Todd 6-7-10*  
Program Mgr / date

*[Signature]* 6/7/10  
Finance / date