


Internal Contract No: 353-162-P-N2010
Purchasing Contract No: _____
Index Code: 403310

CONTRACT ROUTING SHEET

Date Prepared: January 15, 2010

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health Svcs Dept – PH Div.
Dept. Contact: Kathy Lang
Phone #: x6362
Department
Head Signature: 
Neda West, Director

CONTRACTOR:

Name: Calif Dept of Justice
Address: PO Box 903417
Sacramento, CA 94203
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department – Public Health Division

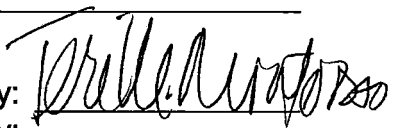
Service Requested: Application to participate in fingerprint/background checks on EMTs

Contract Term: 7/1/10 - ongoing Contract Value: \$0.00

Compliance with Human Resources requirements? Yes No:

Compliance verified by: Other

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

Approved: Disapproved: _____ Date: 2/24/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

- request packet OK - I don't see any legal issues presented by it.
- changes to Resolution are suggested

EL DORADO COUNTY COUNSEL
2010 MAR -9 PM 3:25

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

Program Mgr / date _____ Finance / date _____