

CONTRACT ROUTING SHEET

Date Prepared: July 8, 2010
June 8, 2010

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
Dept. Contact: Kathy Lang
Phone #: x6362
Department
Head Signature: *Jessie Elliott*

CONTRACTOR:

Name: Lake Tahoe Unified School Dist.
Address: 1021 Tahoe Blvd
South Lake Tahoe, CA 96150
Phone: _____

Neda West Director
MLR

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Use of facilities for Point of Distribution (POD) sites
Contract Term: 12/6/10 - 12/31/13 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: 7/22/10 By: *Dr. [Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Per our discussions, change \$8.01 to reflect county's self-ins. status; otherwise fine. Thank you

DMP

ALL DONADO COUNTY COUNSEL
 2010 JUL - 8
 10:10:53
 COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 7/25/10 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: _____

[Signature] 6/15/10
Program Mgr / date

[Signature]
Finance / date

RECEIVED
 HUMAN RESOURCES DEPT
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