

Resubmit
 Contract #: **AGMT 219-0111**
 Amend # **2**
 Legistar #10-1024

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Transportation
 Dept. Contact: Deb Lane
 Phone: X5933
 Department Head
 Signature: *Pete Feild* 9/16/10
 James W. Ware, Director
 Pete Feild, RW Manager

CONTRACTOR:

Name: BloodSource, Inc.
Stephanie Kresse
 Address: 10536 Peter McCuen Blvd.,
Mather, CA 95655
 Phone: (916) 453-3039

CONTRACTING DEPARTMENT: Department of Transportation

Service Requested: Facility Use Agreement for BloodSource to conduct a Blood Drive
 Contract Term: 12/2010 - 12/2011 Contract/Amendment Amount: \$
 Compliance with Human Resources Requirements? Yes: X No:
 Compliance verified by: Contract Notification Sent ; HR Response Received :
OK per

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: ✓ Disapproved: Date: 9/24/10 By: D. Livingston
 Approved: ✓ Disapproved: Date: 1/14/11 By: D. Livingston

COUNTY COUNSEL
 2010 SEP 23 PM 3:41
 2011 JAN 14 PM 3:41

Please forward to Risk Management upon approval.

Index Code: 301313 User Code:

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

Approved: ✓ Disapproved: Date: 8/27/10 By: M. S.
 Approved: X Disapproved: ✓ Date: 1/18/11 By: M. S.
2/7/11
no ins. attached. Needed to obtain new cert. JM
2-4-11

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

Department(s):
 Approved: Disapproved: Date: By:
 Approved: Disapproved: Date: By: