

Internal Contract No: 163-MHD0809
Purchasing Contract No: 146-1010
Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: June 8, 2010 9/13/10

Need Date: 9/27/10

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Barton Healthcare System
Address: 2170 South Avenue
South Lake Tahoe, CA 96150
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Co provides MH assessment to patients in Barton ER
Contract Term: signature through 6/30/13 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: 10/4 By: *[Signature]*
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: 10/12/10 By: *[Signature]*
Approved: Disapproved: _____ Date: 11/8/10 By: *[Signature]*
Need additional insured endorsement to workers comp cert.
Rec'd endorsement - resubmit 11/5/10 - (R)

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

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

[Signature] 6/18/10
Program Mgr / date
BW
11/19/10

not applicable
Finance / date