

# CONTRACT ROUTING SHEET

Resubmit  
Date Prepared: 05-31-2013  
03-22-2013

Need Date: 04-30-2013

### PROCESSING DEPARTMENT:

Department: HHSA/Public Health  
Dept. Contact: Zhana Mc Cullough  
Phone #: X7154  
Department Head Signature: [Signature]

### CONTRACTOR:

Name: El Dorado Union High School  
Address: 4675 Missouri Flat Road  
Placerville, CA 95667  
Phone: \_\_\_\_\_

### CONTRACTING DEPARTMENT: Health and Human Services Agency/PHD

Service Requested: Provide Public Health Nurse services to EDUHSD's Health Start Program.  
Contract Term: 7/1/13 - 6/30/16 Contract/Grant Value: \$90,000  
Compliance with Human Resources requirements? N/A x Yes \_\_\_\_\_ No: \_\_\_\_\_  
n/a - incoming revenue.

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

Approved: \_\_\_\_\_ Disapproved:  Date: 5/2/2013 By: R. Markham  
Approved: Conditional Disapproved: \_\_\_\_\_ Date: 6/7/2013 By: R. Markham

1) Please see comments on Agreement - completed 05-29-2013 3pm  
2) Cert. of Ins. need to be corrected - attached 05-29-2013 3pm  
3) See attached ~~response~~: response to question regarding W&I 10850  
See comments / Ins. cert. still needs correction. ATTN: H&HS

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6/10/2013 By: Gzaj  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please update COI wording per request of County Counsel  
Corrected COI received. 06-28-2013 3pm  
Art. XIII Corrections Complete 06-13-2013 9m

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

NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

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

[Signature] 3/25/13 PM Review/Date  
[Signature] 4/16/13 CFO Review/Date  
[Signature] 4/17/13 Contracts Supe Review/Date  
[Signature] Contracts Mgr. Review/Date