

Internal Contract No: A-1, 801-PHD1008
Purchasing Contract No: 483-O0910
Index Code: 403310

CONTRACT ROUTING SHEET

Date Prepared: July 20, 2011

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health Svcs Dept - PH Div.
Dept. Contact: Kathy Lang
Phone #: 621-6362
Department
Head Signature: _____

Neda West, Director

CONTRACTOR:

Name: Marshall Medical Center
Address: 1100 Marshall Way
Placerville, CA 95667
Phone: _____

CONTRACTING DEPARTMENT: Health Services Dept - Public Health Division

Service Requested: Level III Trauma Designation
Contract Term: 12/1/08 - 5/3/12 Contract Value: \$ 0
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: N/A no exchange of monies

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

Approved: ✓ Disapproved: _____ Date: 7/21/11 By: Josh Beck
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: _____ 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: _____