

CONTRACT ROUTING SHEET

Date Prepared: 3-3-10

Need Date: 3-25-10

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department: _____

Head Signature: *Daniel Nielson*

CONTRACTOR:

Name: Children's Specialist Medical Group, 5301 F Street, #313, Sacramento and

Address: Sutter Medical Center, 5151 F Street, Sacramento

Phone: 916 736 6470 (CSMGS)

916 454 2222 (Hospital)

CONTRACTING DEPARTMENT: Human Services

Service Requested: Sexual assault forensic evidentiary exams on an "as requested" basis for clients referred by DHS

Contract Term: 4-26-10 to date of termination Contract Value: \$30,000 / annum

Compliance with Human Resources requirements? Yes: n/a No: _____

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 3/9/10 By: *[Signature]*

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

EL DORADO COUNTY COUNSEL
APPROVED
3/9/10
MAR - 5 AM 10:14

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 3/9/10 By: *[Signature]*

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

RISK MANAGEMENT
APPROVED
3/9/10
MAR - 5 PM 11:07

Please call Shirley Hodgson at x7268 to pick up. Thanks.

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

Departments: _____

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

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