

Contract #: 361-01710
Index Code: 401133

CONTRACT ROUTING SHEET Please Rush

Date Prepared: ~~01-03-2017~~ 01-26-2017

Need Date: 02-01-2017
For 02-28-2017 Agenda

PROCESSING DEPARTMENT:

Department: HHSA/CS
Dept. Contact: Zhana Mc Cullough
Phone #: X7154

CONTRACTOR:

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

Department Head Signature: Patricia Charles-Heathers
Patricia Charles-Heathers, Ph.D., Director

CONTRACTING DEPARTMENT: HHSA/Community Services Division

Service Requested: Agreement to reimburse Marshall for the purchase of items for the Hospital Preparedness Program through the County's agreement with the CA Dept. of Public Health.

Contract Term: Upon signature through June 30, 2017 ~~30, 2016~~ June 30, 2017 3^{pm} Contract/Grant Value: \$45,221 17,606 3^{pm}

Compliance with Human Resources requirements? N/A ~~X~~ Yes X No: _____

Compliance verified by: Purchase of items - no services HR approved on 02-01-2017

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

Approved: X Disapproved: _____ Date: 1/27/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
JAN 27 2017 PM 2:03

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: ✓ Disapproved: _____ Date: 1-30-17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

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

[Signature]
CFO Review 1/24/17

[Signature] 1/26/17
Deputy Director, Administration and Contracts Date

01/17/17 HE 1/10/17