

# CONTRACT ROUTING SHEET

Date Prepared: 11/25/2013

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Risk Management  
Dept. Contact: Sherri Adams  
Phone #: X6084  
Department \_\_\_\_\_  
Head Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: CSAC-EIA  
Address: 75 Iron Point Circle, Suite 200  
Folsom , CA 95630  
Phone: 916-850-7300

**CONTRACTING DEPARTMENT:** Risk Management

Service Requested: Review Extended Participation Agreement – CSAC- Medical Malpractice Program

Contract Term: 10/1/2013 to 10/1/2015 Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

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

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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: \_\_\_\_\_

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

Departments: \_\_\_\_\_

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

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