

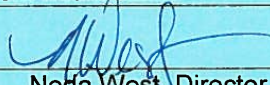
Internal Contract No: 381-162-P-N2011
Purchasing Contract No: _____
Index Code: 401123

CONTRACT ROUTING SHEET

Date Prepared: ¹⁵ July 8, 2011

Need Date: 7/29/11

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
Dept. Contact: Kathy Lang x 6362
2nd Contact: Tom Michaelson
Department
Head Signature: 
Neda West, Director

CONTRACTOR:

Name: UC Davis
Address: 4610 X Street, Suite 4202
Sacramento, CA 95817
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Internship/preceptor program for UCD Graduate Nursing students
Contract Term: 8/1/11 - 7/31/12 Contract Value: \$0.00
Compliance with Human Resources requirements? Yes No:
Compliance verified by: Feasibility Analysis Attached

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

Approved: Cond'l Disapproved: _____ Date: 7/21/11 By: Jum Bede
Approved: _____ Disapproved: _____ Date: _____ By: _____

Cond'l: see changes to add HIPAA provisions
DMP

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 7/22/11 By: [Signature]
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: _____

[Signature] 7-8-11
Program Manager Date

n/a _____
Finance Date