

Contract #: 487-S1511
Index Code: 401115

CONTRACT ROUTING SHEET

Date Prepared: 4/22/15

Need Date: 5/6/15

PROCESSING DEPARTMENT:

Department: HHSA/Public Health
Dept. Contact: Kathryn Lang
Phone #: X7147
Department
Head Signature: [Signature]
Don Ashton, M.P.A., Director

CONTRACTOR:

Name: Aved, Barbara
Address: 23 Chicory Bend
Sacramento, CA 95831
Phone: _____

CONTRACTING DEPARTMENT: HHSA/Public Health Division

Service Requested: Consulting services to develop Public Health Accreditation Process
Contract Term: Upon execution – for 19 mos Contract/Grant Value: \$89,326
Compliance with Human Resources requirements? Yes No
Compliance verified by: See attached Feasibility Analysis

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

Approved: Disapproved: _____ Date: 4/27/15 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
15 APR 22 PM 4:15

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: _____ Date: 4/28/15 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

15 APR 28 AM 10:00

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] 4/17/15
CFO Review Date

[Signature] 4/13/15
Program Manager II, Administration and Contracts Date

[Signature] 4-13-15
[Signature] 4/17/15