

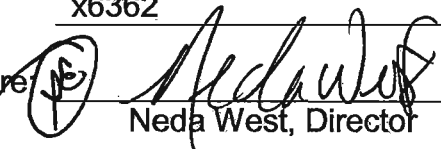
Internal Contract No: A-1 to 2716288  
Purchasing Contract No: 582-F0911  
Index Code: 405280

# CONTRACT ROUTING SHEET

Date Prepared: January 8, 2010  
~~December 16, 2009~~

Need Date: January 22, 2010

## PROCESSING DEPARTMENT:

Department: Health Svcs Dept - PH Div.  
Dept. Contact: Kathy Lang  
Phone #: x6362  
Department Head Signature:   
Neda West, Director


## CONTRACTOR:

Name: Blue Shield of CA Foundation  
Address: 50 Beale Street  
San Francisco, CA 94105  
Phone: \_\_\_\_\_

## CONTRACTING DEPARTMENT: Health Services Department - Public Health Division

Service Requested: Funding for continuation of ACCEL HIE Project  
Contract Term: 1/1/09 - 9/30/10 Contract Value: \$125,000.00  
Compliance with Human Resources requirements? Yes  No:   
Compliance verified by: N/A - Incoming Funding

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


Approved:  Disapproved: \_\_\_\_\_ Date: 1/31/10 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Please divide the language on p. 2 that no further changes to agreement are being made, from the prior language so that it is clearly a separate paragraph - Thanks!*

EL DORADO COUNTY COUNSEL  
PH: 3:44

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

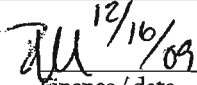
Approved:  Disapproved: \_\_\_\_\_ Date: 2/1/10 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT  
10 FEB - 1 PM 1:25

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

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

Program Mgr / date

 12/16/09  
Finance / date