

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 12/19/2019

Need Date: 1/6/2020

PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency
Dept. Contact: Consie Mote
Phone: X7118
Department _____
Head Signature: _____

CONTRACTOR:

Name: Barton Healthcare System, Inc.
Address: 2170 South Avenue
South Lake Tahoe, CA 96150
Phone: _____
Org Code: 5210

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Sponsor agreement using previously approved sponsor Template -
Contract Term: One year upon execution Contract Value: \$10,000.

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

Approved: X Disapproved: _____ Date: 12/27/19 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Approved: ✓ Disapproved: _____ Date: 30 DEC 2019 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved under separate cover _____

✓ approved [Signature] 12/30/19 **Lauren Montalvo**

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x7417 FOR PICK-UP... THANKS!

EDC COUNTY COUNSEL
2019 DEC 20 AM 11:19