

CONTRACT ROUTING SHEET

Date Prepared: 4/28/14

Need Date: 4/28/14

PROCESSING DEPARTMENT:

Department: HHSA/CS

Dept. Contact: Amy Higdon

Phone #: x4836

Department: _____

Head Signature: 
Don Ashton, M.P.A., Director

CONTRACTOR:

Name: Public Health Accreditation Board

Address: 1600 Duke Street, Suite 200
Alexandria, VA 22314

Phone: 703-778-4549

CONTRACTING DEPARTMENT: Health and Human Services Agency/PH


Service Requested: PHAB site visitor agreement to allow County staff to visit a public health department currently going through the PHAB accreditation process.

Contract Term: No term Contract/Grant Value: \$0

Compliance with Human Resources requirements? N/A x Yes _____ No _____

Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 4/28/14 By: 

Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
APR 28 AM 10:27

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

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

NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____