

CONTRACT ROUTING SHEET

Date Prepared: 6/1/10
~~May 18, 2010~~

Need Date: 6-15-10

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: CA Office of Administrative Hearings
Address: 2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833-4231
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Hearings, mediations and alternative dispute resolution hearings - EMT disciplinary appeals
Contract Term: signature - 9-9-9999 Contract Value: \$20,000 FY2010-11
Compliance with Human Resources requirements? Yes No
Compliance verified by: Feasibility Analysis Attached

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

Approved: Disapproved: _____ Date: 6/17/10 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Pls. see attached confidential city-client memo. Thanks!

EL DOR COUNTY COUNSEL
JUN 17 2 53 PM '10

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/17/10 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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

[Signature] 5-18-10
Program Mgr / date

[Signature] 5/20/10
Finance / date

Valerie A. Booker 5.24.10
Contracts/Budgets ASO - Date