

CONTRACT ROUTING SHEET

Date Prepared: 8/17/10
July 7, 2010

Need Date: 8-31-10

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: ED Union High School District
 Address: 4675 Missouri Flat Road
Placerville, CA 95667
 Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Reimbursement for Public Health Nurse services in Healthy Start Program
 Contract Term: 7/1/10 - 6/30/11 Contract Value: \$23,000.00
 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: 8/19/10 By: *Teri [Signature]*
 Approved: _____ Disapproved: _____ Date: _____ By: _____
Approval conditioned on adding insurance/self-insurance language and the language you suggest for Article IV. Thank you!
DNE @ 8/18/10
 2010 AUG 17 2:56 PM
 DONALD CUMMINS, COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 8/20/10 By: *[Signature]*
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 2010 AUG 19 4:11 PM
 RISK MANAGEMENT DEPT

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

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

CMM 7/14/10
 Program Mgr / date
Modley 7/30/10
 Finance / date