

CONTRACT ROUTING SHEET

Date Prepared: ~~May 27, 2014~~ 6/27/14

Need Date: ~~June 10, 2014~~

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Kristin Brinks
Phone #: 530-295-6931
Department
Head Signature: [Signature]

CONTRACTOR:

Name: El Dorado County Community Health Center
Address: 4340-B Golden Center Drive Placerville, CA 95667
Phone: 530-748-3105

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Medi-Cal Outreach and Enrollment (O&E) Services
Contract Term: Execution until 12/31/16 Contract Value: \$90,000,000 ^{KB}
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 6/30/14 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
JUL 14 27 AM 10:53

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: ✓ Date: 7/7/14 By: [Signature]
Approved: ✓ Disapproved: _____ Date: 7/16/14 By: [Signature]
NO Ins docs.

RISK MGMT DEPT
JUL 11 AM 9:11

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

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

HUMAN SERVICES DEPT
JUL 16 AM 10:11

W Osborn 5/28/14 Karen E. [Signature] 6/23/14 [Signature] 6/25/14 [Signature] 6/25/14