

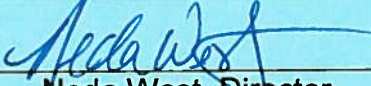
Internal Contract No: 009-187-P-N2010
Purchasing Contract No: _____
Index Code: 401133

CONTRACT ROUTING SHEET

Date Prepared: ²¹ April 13, 2011

Need Date: 5/5/11

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
Dept. Contact: Kathy Lang x 6362
2nd Contact: Tom Michaelson
Department Head Signature: 
Neda West, Director

CONTRACTOR:

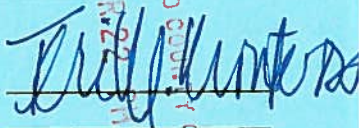
Name: Multi-agency MOU
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Hospital Preparedness collaboration to ensure appropriate response to ^{on signature} emergency situations

Contract Term: ~~8/7/13~~ - 8/7/13 Contract Value: \$0.00
Compliance with Human Resources requirements? Yes No
Compliance verified by: Other

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

Approved: Disapproved: _____ Date: 5/3/11 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____
- Technically retroactive, but this is an MOU and no monies involved, cna - Revised to effective on signature.


PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

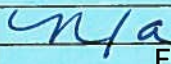
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 5/4/11 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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


Program Manager _____ Date: 4/13/11


Finance _____ Date: _____