

Internal Contract No: 755-PHD0508  
A1

Purchasing Contract No: 989-F0810

Index Code: 401133

# CONTRACT ROUTING SHEET

Date Prepared: March 10, 2009

Need Date: 4/14/09

### PROCESSING DEPARTMENT:

Department: Health Svcs Dept - PH Div.

Dept. Contact: Kathy Lang

Phone #: x6362

Department Head Signature: *Neda West* 3/29/09

Neda West, Director

### CONTRACTOR:

Name: Barton Healthcare System

Address: 2170 South Avenue

South Lake Tahoe CA 96150

Phone: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
APR 14 2009 11:55 AM

CONTRACTING DEPARTMENT: Health Services Department - Public Health Division

Service Requested: Preparedness / mutual aid for disasters

Contract Term: 8/29/08 - ~~9/30/10~~ 6/1/09

Contract Value: \$70,534.00

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: 4/10/09 By: *[Signature]*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Done*  See attached memo for recommended revised language also noted on copy of agreement submitted for CC review. Please call with any questions.

*noted*  Note "dba" on certificate of insurance and insurance certification appears to reference different Grant and Agreement for operations

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 4/15/09 By: *[Signature]*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Done*  This contract is for disaster preparedness but insurance certificate is for "Safety Net Technology Grant." Please secure updated insurance certificate to reflect this project or no specific project.

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT  
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