

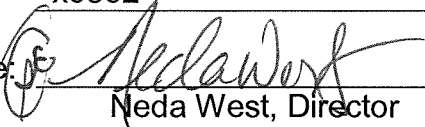
Internal Contract No: 032-125-P-E2010  
Purchasing Contract No: 074-5111  
Index Code: 401444 406100

# CONTRACT ROUTING SHEET

Date Prepared: <sup>4/20/10</sup> April 16, 2010

Need Date: 4/29/10

### PROCESSING DEPARTMENT:

Department: Health Svcs Dept – PH Div.  
Dept. Contact: Kathy Lang  
Phone #: x6362  
Department Head Signature:   
Neda West, Director

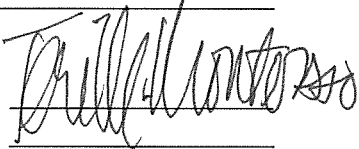
### CONTRACTOR:

Name: County Medical Services Prog.  
Address: P.O. Box 942732  
Sacramento, CA 94234  
Phone:

### CONTRACTING DEPARTMENT: Health Services Department – Public Health Division

Service Requested: Indigent Medical Coverage Program *Est. based on FY10-11*  
Contract Term: 7/10/10 - 9/9/999 Contract Value: \$3,541,116.00 *budget*  
Compliance with Human Resources requirements? Yes  No:   
Compliance verified by: Other

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

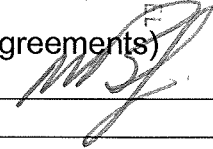
Approved:  Disapproved:  Date: 4/30/10 By:   
Approved:  Disapproved:  Date:  By:

**Please note:** Fully executed agmt due 6/11/10.  
On Board agenda for 5/25/10. 6/8/10.

*I see no legal issues or problems with this Agreement. County Counsel has not rec'd any phone calls from General Council staff as flagged by you re: email attached from Lee Kemper. Pls. let me know if I can be of further assistance in this regard.*


PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

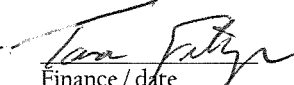
### RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved:  Disapproved:  Date: 4/30/10 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:

 4/19/10  
Program Mgr / date

  
Finance / date 4/19/10