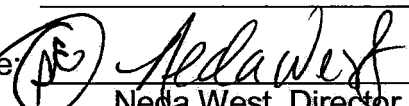


CONTRACT ROUTING SHEET

Date Prepared: January 14, 2010
December 30, 2009

Need Date: January 28, 2010

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Barton Healthcare System
 Address: 2170 South Avenue
South Lake Tahoe, CA 96150
 Phone: _____

CONTRACTING DEPARTMENT: Health Services Department - Public Health Division

Service Requested: Participation & oversight of final stage ACCEL Initiative
 Contract Term: 9/30/09 (signature) - 12/21/10 Contract Value: \$73,300.00
 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: 2/5/10 By: Terilli
 Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved conditional on my confidential, atty-client memos, attached hereto - converted to vendor b/c of complexity of changes needed -

JAN 10 10 55 AM '10
 COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!


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

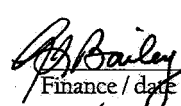
Approved: Disapproved: _____ Date: 9/8/10 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____

JAN 10 2 20 PM '10
 RISK MANAGEMENT DEPT

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

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


 Program Mgr / date
 Rev. 12/2000 (GS-GVP)


 Finance / date
12/31/09