

# CONTRACT ROUTING SHEET

Date Prepared: 1-12-12

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Health & Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department: \_\_\_\_\_

Head Signature: Samuel Nilson

**CONTRACTOR:**

Name: Sutter Medical Foundation  
2800 L Street, 7<sup>th</sup> Floor  
Sacramento, CA 95816 and

Address: Sutter Medical Center, 5151 F  
Street, Sacramento, CA 95819

Phone: 916 454-6632 (Foundation)  
916 454-2222 (Center)

HUMAN RESOURCES DEPT.  
JAN 13 2012 3:52 PM  
COUNTY COUNSEL

**CONTRACTING DEPARTMENT:** Health and Human Services Agency

Service Requested: Assignment of non-standard agreement from Children's Specialist Medical Group to Sutter Medical Foundation for sexual assault forensic evidentiary exams on an "as requested" basis for clients referred by HHSA

Contract Term: 4-25-10 to date of termination Contract Value: \$30,000/annum

Compliance with Human Resources requirements? Yes: n/a No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 1-13-12 By: [Signature]

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

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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 1/18/12 By: Klein

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

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Please call Shirley Hodgson at x7268 to pick up. Thanks.

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

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

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

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

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