

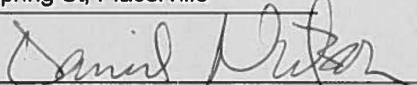
Purchasing Contract No: A2, 483-00190
Index Code: 403310

CONTRACT ROUTING SHEET

Date Prepared: 3-30-12

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: HHS - Public Health Division
Dept. Contact: Zhana McCullough x6215
2nd Contact: Kathy Lang
Location: 931 Spring St, Placerville
Department: _____
Head Signature: 
Daniel Nielson, MPA, Director

CONTRACTOR:

Name: Marshall Medical Center
Address: 1100 Marshall Way
Placerville, CA 95667
Phone: _____

EL DORADO COUNTY COUNSEL
2012 APR 14 PM 1:22

CONTRACTING DEPARTMENT: Health and Human Services Agency – Public Health

Service Requested: Continued Level III Trauma Designation
Contract Term: 07-28-2009 – 11-3-12 Contract Value: \$4000.00
Compliance with Human Resources requirements? Yes No
Compliance verified by: Other _____

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

Approved: Cond'1 Disapproved: _____ Date: 4-6-12 By: JJH
Approved: _____ Disapproved: _____ Date: _____ By: _____

Conditional approval with flagged revisions.
Note to Risk Mgt: CGH may exclude professional
medical services. I recommend reviewing all
terms of the policy.

4-10-12 - Changes made. JH

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 4-6-12 By: JH
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY
RISK MANAGEMENT

HUMAN RESOURCES DEPT
2012 APR 6 PM 3:54

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

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