


Internal Contract No: 08-1901-Amend 1
Purchasing Contract No: N/A
Index Code: 405210

CONTRACT ROUTING SHEET

Date Prepared: ^{11/16/10} ~~October 27, 2010~~

Need Date: ³⁰ November ~~12~~, 2010

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
Dept. Contact: Kathy Lang x 6362
2nd Contact: Tom Michaelson
Department Head Signature: 
Neda West, Director


CONTRACTOR:

Name: CA HealthCare Foundation
Address: 1438 Webster St., Ste 400
Oakland, CA 94612
Phone: 510-238-1040

CONTRACTING DEPARTMENT: Health Services Department


Service Requested: Develop & implement specialty medical care initiative
Contract Term: 4-1-09 through 6-30-11 Contract Value: \$250,000
Compliance with Human Resources requirements? Yes No:
Compliance verified by: N/A - Incoming Funding

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

Approved: Disapproved: Date: 12/1/10 By: 
Approved: Disapproved: Date: By:
I see no legal issues/problems - approved.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

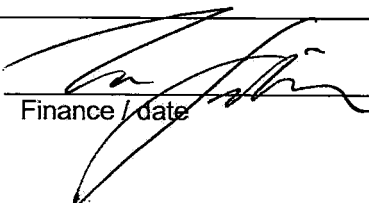
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: Date: 11/10/10 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: _____

 11/9/10
Program Manager / date

 11/15/10
Finance / date