

CONTRACT ROUTING SHEET

Date Prepared: 6-20-12

Need Date: 7-10-12

PROCESSING DEPARTMENT:

Department: Health & Human Svc, PH
Dept. Contact: Shirley I. C. Hodgson
Phone #: X6262
Department
Head Signature: *Shirley I. C. Hodgson*

CONTRACTOR:

Name: Marshall Medical Center
Address: 1100 Marshall Way
Placerville, CA 95667
Phone: 530 622 1441

EL DORADO COUNTY COUNSEL
2012 JUN 22 PM 2:55

CONTRACTING DEPARTMENT: Health & Human Services Agency, Public Health Division

Service Requested: Designation as a Level III Trauma Center
Contract Term: 7-28-09 to 5-3-14 Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: n/a No: _____
Compliance verified by: n/a

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

Approved: ✓ Disapproved: _____ Date: _____ By: _____
Approved: ✓ Disapproved: _____ Date: 6/25/12 By: *[Signature]*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 6-21-12 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____
RISK MANAGER
EL DORADO COUNTY

RECEIVED
HHS
JUN 25 PM 3:17
EL DORADO COUNTY

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

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

7-m 06-20-2012

L. Webb 6/20/12