

Internal Contract No: 2716288  
Purchasing Contract No: 582-F0911  
Index Code: 405280

# CONTRACT ROUTING SHEET

Date Prepared: January 6, 2009

Need Date: 1/12/09 Please rush

## PROCESSING DEPARTMENT:

Department: Health Svcs Dept - PH Div.

Dept. Contact: Kathy Lang

Phone #: 621-6362

Department

Head Signature: *Neda West*  
(Neda West, Director)

## CONTRACTOR:

Name: Blue Shield of California Foundation

Address: 50 Beale Street  
San Francisco, CA 94105

Phone: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
1/29/09  
AM 10:20

## CONTRACTING DEPARTMENT: Health Services Department - Public Health Division

Service Requested: Funding for continuation of ACCEL HIE project.

Contract Term: 1/1/09 - 1/1/10 Contract Value: \$125,000.00

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: 1/12/08 By: Jody B. Jones

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

*Note remedy for violation of any provision of Grant Agreement or failure to timely submit reports required under Grant Agreement may include refusal by Foundation to make further grant payments under this or any other grant agreement.*

*NOTE: THIS IS THE ONLY AGMT W/ BLUE SHIELD IN HEALTH SVCS. OK*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 1/12/09 By: [Signature]

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

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

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

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

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