

Internal Contract No: 049-162-B-E2010
Purchasing Contract No: 413-01211
Index Code: 401111

CONTRACT ROUTING SHEET

Page 2

Date Prepared: Re-submitted: 9/23/11

Need Date: 10/7/11

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health

Dept. Contact: Kathy Lang x 6362

2nd Contact: Tom Michaelson

Department

Head Signature: *Daniel Nielson*

Daniel Nielson, MPA Acting Director

CONTRACTOR:

Name: El Dorado County Office of Education

Address: 6767 Green Vly Road
Placerville, CA 95667

Phone:

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Collaborative Agmt to lease facilities for various HSD activities

Contract Term: on signature for 3 yrs Contract Value: \$7,500.00

Compliance with Human Resources requirements? Yes No:

Compliance verified by: Feasibility Analysis Attached

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

Approved: Disapproved: Date: 9/30/11 By: *Juan Beck*

Approved: Disapproved: Date: By:

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 10/4/11 By: *KM*

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:

Program Manager _____ Date _____

Finance _____ Date _____

11 OCT -3 PM 1:09
RECEIVED
HUMAN RESOURCES DEPT.

Resubmitted 8/24/11
EL DORADO COUNTY COUNSEL

Internal Contract No: 049-162-B-E2010
Purchasing Contract No: _____
Index Code: 401111

EL DORADO COUNTY COUNSEL

2011 AUG 24 PM

CONTRACT ROUTING SHEET

2011 JUN 9 PM 2:25

Date Prepared: November 18, 2010

Need Date: 12-13-10

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: El Dorado County Office of Education
Address: 6767 Green Vly Rd Placerville, CA 95667
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Collaborative agmt to lease facilities for various HSD activities
Contract Term: On signature for 3 yrs Contract Value: \$7,500.00
Compliance with Human Resources requirements? Yes No:
Compliance verified by: Feasibility Analysis Attached

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

Approved: Disapproved: _____ Date: 1/19/11 By: [Signature]
Approved: Disapproved: _____ Date: 6/13/11 By: [Signature]

Resubmitted 5/26/11 - Khay - Return to Dept - LDCOE's Counsel's alternate draft does not have adequate scope or payment terms; FERPA does not apply.

Revised + resubmitted 6/9/11 - (R)
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: 1/22/11 Disapproved: _____ Date: 1/22/11 By: [Signature]
Approved: Disapproved: _____ Date: 6/14/11 By: [Signature]

Revised/resubmitted to Counsel 8/24/11 (R)
approved TEB 9/6/11

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

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

[Signature] 11/22/10
Program Manager / date

[Signature] 11/29/10
Finance / date