

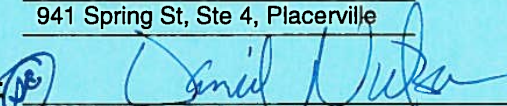
Internal Contract No: 381-188-P-N2011  
Purchasing Contract No: \_\_\_\_\_  
Index Code: 405210

# CONTRACT ROUTING SHEET

Date Prepared: 12/14/11

Need Date: 12/28/11

### PROCESSING DEPARTMENT:

Department: HHSA - Public Health  
Dept. Contact: Kathy Lang x 6362  
2<sup>nd</sup> Contact: Zhana McCullough  
Location: 941 Spring St, Ste 4, Placerville  
Department: \_\_\_\_\_  
Head Signature:   
Daniel Nielson, MPA, Director

### CONTRACTOR:

Name: UC Davis Health System  
Address: 2315 Stockton Blvd  
Sacramento, CA 95817  
Phone: \_\_\_\_\_

### CONTRACTING DEPARTMENT: Health and Human Services Department


Service Requested: Loan of four telemed carts w/equipment for jails (2) and juvenile detention (2) facilities

Contract Term: signature through 6/30/13 Contract Value: \$0.00

Compliance with Human Resources requirements? Yes  No:

Compliance verified by: Other \_\_\_\_\_

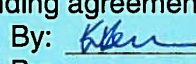
### COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved:  Disapproved: \_\_\_\_\_ Date: 12/21/11 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
2011 DEC 14 PM 2:01  
CLERK OF COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 12/27/11 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Need ins certificate for County, which has been requested. Will send copy to department when received. KKR Rec'd 12/27/11 @

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

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

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11 DEC 21 PM 3:18  
HUMAN RESOURCES DEPT.

 12/8/11  
Program Manager Date

n/a  
Finance Date