

Purchasing Contract No: 607-M1210  
Index Code: 419100

# CONTRACT ROUTING SHEET

Date Prepared: 6/4/12

Need Date: 6/15/12

**PROCESSING DEPARTMENT:**  
Department: HSA / Mental Health  
Dept. Contact: Kathy Lang  
Phone #: X6362  
Department Head Signature: *Daniel Nielson*  
Daniel Nielson, M.P.A., Director

**CONTRACTOR:**  
Name: The Regents of the University of California  
Address: 2315 Stockton Blvd  
Sacramento, CA 95817  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency - MHD  
Service Requested: A-1 to Telemedicine Equipment Loan agmt - South Lake Tahoe Location  
Contract Term: Perpetual Contract Value: \$0  
Compliance with Human Resources requirements? Yes x No: \_\_\_\_\_  
Compliance verified by: Not applicable

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: Cond't Disapproved: \_\_\_\_\_ Date: 6/6/12 By: *[Signature]*

Appears to be a typo on p. 20; was B-1 intended? Done 6/8/12 @

ALDORADO COUNTY COUNSEL  
JUN 11 4:43 PM '12

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

No Risk Management review required

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).  
Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

10ao 5/31/12  
Contracts Review/date

Ronda Webb 6/1/12  
Contracts Mgr Review/date