

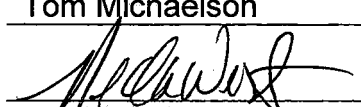
Internal Contract No: 082-092-P-N2011
Purchasing Contract No: _____
Index Code: 405280

CONTRACT ROUTING SHEET

Date Prepared: ¹⁷ January 10, 2011

Need Date: 3/3/11

PROCESSING DEPARTMENT:

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

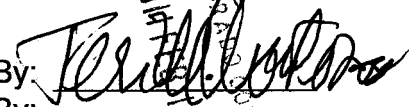
CONTRACTOR:

Name: Marshall Medical Center
Address: 1100 Marshall Way
Placerville, CA 95667
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: MOU to participate in the Care Pathways program of ACCEL
Contract Term: on signature - 9/9/9999 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: 3/3/11 Date: 3/3/11 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____


Pls. see attached confidential atty-client memo.

noted

EL DORADO COUNTY COUNSEL
2/14/11 7:49 AM

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

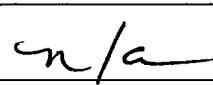
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 3/17/11 By: 
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: _____

 1/12/11
Program Manager / date

 n/a
Finance / date