

CONTRACT ROUTING SHEET

Date Prepared: September 23, 2010 *October 5, 2010*

Need Date: October 19, 2010

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Alpine County
Address: 75-B Diamond Valley Road
Markleeville, CA 96120
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Alpine to pay EDC for HPP Coordinator services
Contract Term: signature - 9/10/11 Contract Value: \$50,000.00
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: 10/25/10 By: *Wendy [Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____
Per our telephone conversation, in Section 3.03(c), delete language re: "if County ceases to operate" and in Section 3.03(d), simply add language indicating if contract is terminated prior to end of term, County will refund a prorated share of monies paid by Alpine. Thanks!
Dme 10/26/10 @

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 10/25/10 By: *[Signature]*
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: _____

[Signature] 9/24/10
Program Manager / date

[Signature] 9/30/10
Finance / date