

CONTRACT ROUTING SHEET

Date Prepared: 09-04-2012

Need Date: 09-17-2012

PROCESSING DEPARTMENT:

Department: HHS - Public Health
Dept. Contact: Zhana Mc Cullough
Phone #: 7154
Department Head Signature: Daniel Nielson
Daniel Nielson, M.P.A., Director

CONTRACTOR:

Name: Zoll Medical Corporation
Address: 269 Mill Road
Chelmsford, MA 01824
Phone:

CONTRACTING DEPARTMENT: Health and Human Services Agency - Public Health

Service Requested: Access to database containing 12 Lead (defibrillator) information
Contract Term: On Signature/perpetual
Contract Value: \$0
Compliance with Human Resources requirements? Yes x No
Compliance verified by: Other

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

Approved: ✓ Disapproved: _____ Date: 9/11/12 By: Josh Beck
Approved: _____ Disapproved: _____ Date: _____ By: _____

Recommend that Department request vendor to change venue to California if vendor says no - okay to proceed as is

*Vendor changed venue as requested.
09-19-2012
JCM*

EL DORADO COUNTY COURTS
2012 SEP 25 AM 10:41
5 Sept 14

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

Approved: ✓ Disapproved: _____ Date: 9-12-12 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RISK MANAGER
EL DORADO COUNTY

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

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

12 SEP 12 AM 9:39
EL DORADO COUNTY DEPT.

[Signature] 8-31-12
Contracts Review/date

R. Webb 8/31/12
Contracts Mgr Review/date