

**RUSH!**

Contract #:

140-31111

# CONTRACT ROUTING SHEET

Date Prepared: 07/23/10

Need Date: 07/30/10

**PROCESSING DEPARTMENT:**

Department: Human Resources/Risk Mgmt  
Dept. Contact: Donna Mullens  
Phone #: X6060  
Department  
Head Signature: 

**CONTRACTOR:**

Name: Blue Shield of California  
Address: 50 Beale Street  
San Francisco, CA 94105  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Human Resources/Risk Management

Service Requested: Review of Administrative Service Only Agreement – Blue Shield  
Contract Term: 07/01/10 – 06/30/10 Contract Value: \$600,000  
Compliance with Human Resources requirements? Yes: X No: \_\_\_\_\_  
Compliance verified by: Allyn Bulzomi, Director

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

Approved:  Disapproved: \_\_\_\_\_ Date: 8/8/10 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Would like to place this on the August 3rd Board Agenda

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7/27/10 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: \_\_\_\_\_