

Internal Contract No: 393-187A-P-N2011  
Purchasing Contract No: \_\_\_\_\_  
Index Code: 408210

# CONTRACT ROUTING SHEET

Date Prepared: <sup>28</sup> April 13, 2011

Need Date: 5/12/11

## PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health  
Dept. Contact: Kathy Lang x 6362  
2<sup>nd</sup> Contact: Tom Michaelson  
Department: \_\_\_\_\_  
Head Signature: *Neda West*  
Neda West, Director

## CONTRACTOR:

Name: American Heart Association  
Address: & Mercy General Hospital  
Phone: \_\_\_\_\_

## CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Collaboration to develop STEMI guidelines for amb svc clients  
Contract Term: on signature / perpetual Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes ☒ No: ☐  
Compliance verified by: Feasibility Analysis Attached

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

Approved: ☒ Disapproved: \_\_\_\_\_ Date: 5/6/11 By: *Josh Beck*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

2/26 - Note to Counsel: AHA has committed to adding signature  
Block for NON-PCI Capable Hospital to sign Agmt. K. K. K.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ☒ Disapproved: \_\_\_\_\_ Date: 5/9/11 By: *MB*  
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: \_\_\_\_\_

*B. W. T. T. T.* 4-14-2011  
Program Manager Date

*C. N. J.*  
Finance Date