Date Prepared:	6-12-08	Need Da	Need Date: 7-03-08			
PROCESSING D	EPARTMENT:	CONTRA	CTOR:			
Department:	Human Services	Name:	Aspiranet dba Asp	ira Foster &		
			Family Services			
Dept. Contact:	Shirley I. C. Hodgson	Address:	400 Oyster Point B	lvd., #501		
Phone #:	X7268		South San Francis			
Department	- Air Loo	Phone:	(650) 866-4080			
Head Signature:	2-2		THE RESERVE			
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	DEPARTMENT: Human S	A CONTRACTOR OF THE CONTRACTOR		· · ·		
	d: Foster care/group home			6 00		
Contract Term: _I		Contract Value		0,000		
	Human Resources requirem		4/24/08 No:	6,		
Compliance verific	ed by: Review not required	per Patti Barton (Hi	R) and Jere Copelan	d (Union) 🔪		
COUNTY COUNS	SEL: (Must approve all cont	racts and MOU's)				
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Approved:	Disapproved:	Date:	By:	your		
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Please call Shirle	ey Hodgson at 7268 to pick	up. Thanks		0 2		
	/AL: (Specify department(s)					
Approved:	Disapproved:	Date:	By:			
Approved:	Disapproved:	Date:	By:			

Internal Contract No: 163-MHD0809 Purchasing Contract No: 146-m1010 Index Code: 419100

Date Prepared:	June 8, 2010 9/13/10	Need Date:	9/27/	110
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:	Health Svcs - Mental Health Kathy Lang x6362 Alca Dest Neda West, Director	Address: 21	OR: rton Healthcare 70 South Avenu uth Lake Tahoe	e 1
Contract Term: s Compliance with I	DEPARTMENT: Health Serviced: Co provides MH assessments ignature through 6/30/13 Human Resources requirements and by: Feasibility Analysis Attantonia	Contra	on ER act Value: \$0.0 No:	
Approved:	Disapprove all contract Disapproved: Disapproved: Disapproved:	s and MOU's) Date: 7/26/11	By: By: The succession	
PLEASE FORWARD RISK MANAGEM Approved: Approved: Vicid adding	DISApproved: Disapproved: Disapproved: Disapproved: Disapproved:	except boilerplate grant Date: 10/12/10 Date: 11/8/10	By:	eements)
				5
OTHER APPROV	AL: (Specify department(s) partment(s)	ticipating or directly	affected by this	contract).
Approved:	Disapproved: Disapproved:	Date:	By: By:	1:00
Program Mgr/date / BW	P(1) not applicable Finance / date			

Contract Name	Barton Memorial	Hospital	Trauma	Registry	Agreeme	nt.
		Co	ntract#	341-	PHD0903	

Budget Code 403310

	DEPARTMENT:	CONTRAC		
	Public Health		Barton Memorial Hos	
	Carol Dunn	Address:	2170 South Avenu	
hone #:	621-6226	noo -	South Lake Taho	
epartment He	ad Date: Sept. 29/2	003 Phone:	(530) 542-3000 Ex	t. 5563
Signature:	layle who Ham	_		
	0	vi. 11. 14.		
	G DEPARTMENT: Put		\$50.	
	h Human Resources require			22
ompliance ve	rified by: N/A - Agreeme	nt to supply data on	ly (with no funding)	200
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pproved:	Disapproved:	Date:	By:	
ALL TO STORY		£ 600.0		
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	DEPARTMENT:	CONTRA	
Department:	Public Health	Name: B	ue Cross of California - Healthcare Mgm
Dept. Contact:	Dan Buffalo	Address:	P.O. Box 4377
Phone #:	621-6226		Woodland Hills, CA 91365-9938
Department He	621-6226 agd , Date:,January 1/1, 2	006 Phone:	(866) 565-7920
Signature: /<	Shopewhere		
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CONTRACTING	G DEPARTMENT: Pu	blic Health	RECEIVED
	th Human Resources requi		No:
	rified by: N/A	1011101101 100	JAN 1 2 2006
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COUNTYCOU	NSEL: (Must approve all o	contracts and MOL	J's) By: D. Livingarian
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Approved:	Disapproved:	Date:	By:
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OTHER AFFRO	JVAL. (Specify department	in(s) participating c	or directly anected by this contract.)
Department:	244	5.04	
Approved:		Date:	By:,
Approved:	Disapproved:	Date:	By:
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72.00			

Internal Contract No: Purchasing Contract No:

Index Code: 403310

368-162-P-E2010

CONTRACT ROUTING SHEET

Date Prepared:	-May 18, 2010	Need Dat	e: <u>&</u>	-15-	-10		
PROCESSING D	EPARTMENT:	CONTRA	CTOR:				
Department:	Health Svcs - Public Health	Name:		ce of Ad	ministrati	ve	
-		·	Hearing				
Dept. Contact:	Kathy Lang	Address:	2349 G	ateway	Oaks Driv	/e,	
			Suite 20	00			
Phone #:	x6362		Sacram	ento, C	A 95833-	4231	
Department	Alada is a	Phone:	<u>.</u>		· 		
Head Signature:							
	Neda West, Director						
CONTRACTING	DEPARTMENT: Health Serv	rices Department					
Service Requeste	ed: Hearings, mediations and	alternative dispute	e resoluti	on hear	ings - EM	T .	
	disciplinary appeals						
_	signature - 9-9-9999	Co	ontract V	alue: 🛂 :	20,000	FY 2010 -11	
	Human Resources requiremen		$\underline{\hspace{1cm}}$	<u> </u>	No:		
Compliance verif	ied by: Feasibility Analysis Att	ached					
COUNTY COUN	SEL: (Must approve all contrac	ts and MOU's)	,	_	FIT	100 f. MA	
Approved:	Disapproved:	Date: 6/13	2lin	By:	们温	13 W/Wa	ゔ
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Program Mgr / date	Finance / date	Contracts/Bu	idgets ASO - D	ate			

Rev. 12/2000 (GS-GVP)

CONTRACT ROUTING SHEET Program homebuyer

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ADI	proved	<u> </u>	EL: (Must app Disapproved: Disapproved:		Date:	1/35 B	911	-	
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Internal Contract No:

Purchasing Contract No:

074-51111

032-125-P-E2010

Index Code: 401111 406100

CONTRACT ROUTING SHEET

Date Prepared:	April 16, 2010	Need Date	4/29/10	
PROCESSING DEDENATION DE	EPARTMENT: Health Svcs Dept – PH Div Kathy Lang x6362 Neda West, Director	Address:	County Medical Services Prog. P.O. Box 942732 Sacramento, CA 94234	
Service Requeste Contract Term: _7 Compliance with I Compliance verifie	Human Resources requirem	age Program Corents? Yes racts and MOU's)	ntract Value: \$3,541,116.00 low	-
Approved:	Disapproved: Disapproved:	Date: 4/3	37 / 10 By: //\\\/\\\\/\\\	H(
On Board agenda	ly executed agmt due 6/11/10. for 5/25/10. lgal issues or problem of any phase case. I way affected for	ems with this A	greenent. Comprisonsel	D
PLEASE FORWARD	TO RISK MANAGEMENT. THA		e grapt funding agreements	
Approved:	Disapproved: Disapproved:	Date: 4/	30/10 By: M 3/ By:	
	AL: (Specify department(s) participating or direc	tly affected by this contract).	
Departments: Approved: Approved:	Disapproved: Disapproved:	Date: Date:	By: By:	
Program Mgr / date Rev. 12/2000 (GS. CA/R)	5 Jan Fall Finance / date	3/19/10		

Rev. 12/2000 (GS-GVP)

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Date Prepared:	3-11-08	. Need Date: 4-1-08				
PROCESSING D	EPARTMENT:	CONTRACTOR:				
Department:	Human Services	Name:	Computrust	Software Corp		
Dept. Contact:	Shirley I. C. Hodgson 642-7268 Human Services	Address:				
Phone #:						
Department		Phone:	(408) 782-7470			
Head Signature:		1.44.46.				
	Doug Nowka, Director	er Soud I		DOR ADO		
	DEPARTMENT: Human Se			270		
Service Requeste	ed: Amend Agreement to ad	ld 4 additional users	in the Public	Guardian Office.		
Contract Term: _	Perpetual	Contract Value	(c)	\$14,254,00 =		
Compliance with	Human Resources requireme	ents? Yes:	N/A	No: 12 8		
Compliance verifi	ed by:			5 5		
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Date Prepared:		Need Date	12/06/04
PROCESSING I	DEPARTMENT:	CONTRAC	TOR:
Department:	CAO/Procurement & Contracts	Name:	Computrust Software Corp
Dept. Contact:	Bonnie H. Rich	Address:	18525 Sutter Boulevard Suite 280
Phone #:	5940	Busha	100 700 7170 '
Department Head Signature:	Sound ice	Phone:	408-782-7470
		nan Services/Public	Guardian
Service Requeste	ed: Software, License, and Ins	stallation	
Contract Term: _	One year, auto renewal	Contract Value:	
Compliance with Compliance verif	Human Resources requirement ied by:	ts? Yes:	No:
Approved: Approved:	Disapprove all contract Disapproved: Disapproved: Disapproved: Disapproved:	Date: 1/11/	By: Visite 1/1) No
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Date Prepared:	6-12-08	Need Dat	te: 7-03-08		
PROCESSING D	EPARTMENT:	CONTRA	CTOR:		
Department:	Human Services	Name:	Creative Alternatives, Inc.		
Dept. Contact:		Address:			
Phone #:	X7268		Turlock, CA 95382 (209) 668-9361		
Department		Phone:			
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Head Signature:		_	32		
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CONTRACTING	DEPARTMENT: Human Se	ervices	0		
	ed: Foster care/group home		requested" basis		
Contract Term:		Contract Value			
	Human Resources requireme		4/24/08 No: :-		
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COUNTY COUNS	SEL: (Must approve all contra Disapproved:	acts and MOU's)	1.1		
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Date Prepared:	6-12-08	Need Dat	e: 7-03-08
PROCESSING D	EPARTMENT:	CONTRA	CTOR:
Department:		Name:	Crossroads Treatment Center,
Dept. Contact:	Shirley I. C. Hodgson	Address:	6060 Sunrise Vista DE#1810
Phone #:	X7268		Citrus Heights, CA 95610
Department		Phone:	(916) 729-2721
Head Signature:	520	_	72 86
CONTRACTING	DEPARTMENT: Human	Senices	FR
	d: Foster care/group hom		requested" basis.
Contract Term: F		Contract Value	
	Human Resources requiren		4/24/08 No:
			R) and Jere Copeland (Union)
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COUNTY, COUNS	SEL: (Must approve all con	tracts and MOU's)	11
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Approved	Disapproved:	Date:	(8-08 By: Gelfrey, By:
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		Date:	
Approved:	Disapproved:	Date:	By:

Date Prepared:	10-21-10	Need Dat	te: 11-10-10	
PROCESSING DE	EPARTMENT:	CONTRACTOR:		
Department:	Human Services	Name:	Devereux Cleo Wallace	
Dept. Contact:		Address:		
Phone #:			Westminster, CO 80021	
Department		Phone:	303 639 1716	
Head Signature:	(and I liston	3 1021.21		
Service Requested Contract Term: _8 Compliance with F Compliance verifie	Human Resources requiremented by: Mike Strella of H.R. EL: (Must approve all control Disapproved: Disapproved:	contract Value ents? Yes: cacts and MOU's) Date: Date:	\$125,000.00 10-15-10 No: 200.00 No: 26-10 By: By: 26-10	
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VEY PEB 44GOOD	CONTRACT NUMBER (3 CONTRAC
CONTRACT RO	OUTING SHEET
SUBMITTED BY: DEPARTMENT FUBLIC HEALTH CONTACT PERSON CARRE SUND CONTACT PHONE # 6226	CONTRACTOR: 1. SIAMOND SPENCS/EL DARADO FIRE I 2. GENEGATOWN FIRE PROTECTION DISTR. NAMES. R. DARADO COUNTY FIRE PROTECTION ADDRESS 1. 626-3190 ROSEAT THECHER PHONE # 2. 333-4111 DAIL GENESE PHONE # 3. 644-9630 FRANC RUCKMAN
1. ORIGINATING DEPT HAZARDOUS-ROUTE TO RIST MGT. NON-HAZARDOUS-ROUTE TO COUNTY COUNSEL BY: 24-28-97 DATE: 54-28-97	2. COUNTY COUNSEL REVIEW DISAPPROVED BY: DATE: COMMENTS: BY: DATE: COMMENTS: BY: DATE: DATE: COMMENTS: BY: DATE: DATE: DATE: DATE: COMMENTS: DATE: D
1a. RISK MANAGEMENT REVIEW OF HAZARDOUS CONTRACTS APPROVED DISAPPROVED BY: DATE: COMMENTS:	3. COUNTY APPROVAL BOARD OF SUPERVISORS SIGNED BY CHAIRMAN ON: MAILED BY BOARD OFFICE ON: BY: PURCHASING SIGNED BY PURCHASING AGENT ON:

RISK MANAGEMENT is exempt from review if the contract is non-hazardous. Following County Counsel review contract should be returned to submitting department.

COMMENTS: Exhibits attached to each contract

12-0941 C 13 of 57

Resubmutted staylin

Internal Contract No: Purchasing Contract No: Index Code: 049-162-B-E2010

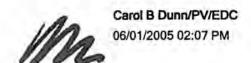
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Date Prepared:	November 18, 2010	Need Dat	e: <u>12-13-</u>	10 ₂ EL
PROCESSING DE	PARTMENT:	CONTRA	CTOR.	OR.
Department:	Health Svcs - Public Health	Name:	El Dorado County	Office of
0 0	ricular eves i abile ricular	Ttallio.	Education	100 2
Dept. Contact:	Kathy Lang x 6362	Address:	6767 Green Vly Ro	d ::
2 nd Confact;	Tom Michaelson		Placerville, CA 956	
Department	1110	Phone:		S 8
Head Signature:	Merkalilix	7 110.1101		E (4)
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	DEPARTMENT: Health Serv			7272
	d: Collaborative agmt to leas	e facilities for varie		1 800
	On signature for 3 yrs			500.00
	luman Resources requirement		No:	3 □28
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Contract Name	ACCEL Enrollm	ent MOU.
	Contract #	None .
	Budget Code 4	05210

PROCESSING L		CONTRAC		
Department:	Public Health		El Dorado County Off	
Dept. Contact:	Carol Dunn	_ Address:	6767 Green Valle	
Phone #: 62			Placerville, (CA 95667
Department Hèad	d Date: May 18, 2005	Phone:	(530) 295-2291	
Signature:	interest and			m
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CONTRACTING	DEPARTMENT: Public	Health		25 02
	Human Resources requirem		No:	E A
Compliance verifi	ied by: No funding – ider	ntification of roles	, only	COUNT 19 PE
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To Kirstin Rogers; bchrist@edcoe.k12.ca.us

CC

bcc

Subject Final ACCEL Enrollment MOU

Here is the revised MOU that has now been approved for execution by County Counsel and Risk Management. Since there is no funding, it can be signed by the Purchasing Agent in the CAO's office and doesn't have to go through the lengthy Board Agenda process. Gayle has ok'd the change. Let me know if that is a problem.

I am having three originals signed by Gayle and will forward them to the Purchasing Agent for her signature. Then I'll send them to the Office of Ed for final execution. One original is for us, one for the Purchasing Agent, and one for the Office of Ed.



MOU ACCEI Enrollment-Revised 6-1-05.doc

Carol Dunn, Contract & Board Agenda Coordinator El Dorado County Public Health Dept. 941 Spring Street, Suite 4 Placerville, CA 95667 (530) 621-6226 Telephone (530) 642-8159 Fax

Date Prepared:	9-3-08	Need Dat	te: 9-19-08
PROCESSING D	FPARTMENT.	CONTRA	CTOR:
Department:	Human Services	Name:	Excelsior Youth Centers, Inc
Dept. Contact:	Shirley I. C. Hodgson	Address:	15001 E. Oxford Avenue
Phone #:	X7268		Aurora CO 80014
Department	XIZOU	Phone:	(202) 602 1550 F3
Head Signature:	2 20	i none.	(303) 693-1330
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CONTRACTING	DEDARTMENT. Uman C	\amilana	2 00
CONTRACTING			requested" basis
Contract Term:	ed: Foster care/group home	Contract Value	
	Human Resources requirem		4/24/08 No:
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COUNTY COUN	SEL: (Must approve all cont	raets and MOU's)	, NO/211 / 1/NO
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Rev. 12/2000 (GS-GVP)			12-0941 C 17 of 57
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Date Prepared:	6-12-08	Need Date: 7-03-08			
PROCESSING D	EPARTMENT:	CONTRACTOR:			
Department:	Human Services	Name:	Families for Children Treatment Respite Care, Foster Care dba Families for Children		
Dept. Contact:	Shirley I. C. Hodgson	Address:	2990 Lava Ridge Ct., #170		
Phone #:	X7268	Phone:	Roseville, CA 95661 (916) 789-8688		
Department Head Signature:	200	Frione.	(910) 709-0000		
CONTRACTING	DEPARTMENT: Human Se	rvices	2 Suc		
	d: Foster care/group home				
Contract Term: _I		Contract Value			
	Human Resources requirement		4/24/08 No:		
Compliance verific	ed by: Review not required p	er Patti Barton (Hi	R) and Jere Copeland (Union)		
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Date Prepared:	6-12-08	Need Da	te: 7-03-08
PROCESSING DI	EPARTMENT:	CONTRA	CTOR.
Department:		Name:	
Dept. Contact:	Shirley I. C. Hodgson	Address:	1120 Tully Road
Phone #:	X7268		Modesto, CA 95350
Department		Phone:	(209) 524-8844
Head Signature:	200		
	DEPARTMENT: Human S	CAST CONTRACT CONTRAC	13 119
	d: Foster care/group home		
Contract Term: _F		Contract Value	
	Human Resources requirem		4/24/08 No:
Compliance verific	ed by: Review not required	l per Patti Barton (HI	R) and Jere Copeland (Union)
COUNTY COUNS	EL: (Must approve all cont	racts and MOU's)	
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Approved:	Disapproved: Disapproved:	Date: Date:	By:

CONTRACT ROUTING SHEET Date Prepared: 6-11-08 Need Date: 7-2-08 PROCESSING DEPARTMENT: CONTRACTOR: Human Services Name: Family Life Center Department: Address: 365 Kuck Lane Shirley I. C. Hodgson Dept. Contact: Phone #: X7268 Petaluma, CA 94952 Phone: (707) 795-6954 Department Head Signature: CONTRACTING DEPARTMENT: Human Services Service Requested: Foster care/group home services on an "as requested" basis. Contract Term: Perpetual Contract Value: Compliance with Human Resources requirements? Yes: 4/24/08 \$250,000 Yes: 4/24/08 No: Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union) QOUNTY COUNSEL: (Must approve all contracts and MOU's) Disapproved: Date: 6-16-38 By: All Disapproved: Date: By: Approved: * Noti perpetual agrand NTS 250k pryea Approved: PLEASE FORWARD TO RISK MANAGEMENT. THANKS! RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements Approved: V Disapproved: Date: 6/17/08 By: Cox Approved: Disapproved: Date: By: Please call Shirley Hodgson at 7268 to pick up. Thanks. OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). Departments: Approved: Disapproved: Date:

Disapproved:

Date:

By:

Approved:

Date Prepared:	6-12-08	Need Da	te: 7-03-08		
PROCESSING D		CONTRACTOR:			
Department:		Name:		way Residential Programs	
Dept. Contact:		Address:			
Phone #:	X7268		Roseville, CA 9567		
			P.O. Box 2258, Fai	roaks, CA	
		E	95628)	1	
Department		Phone:	(916) 782-1111	0	
Head Signature:	7-5-6			8	
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	DEPARTMENT: Human S				
Service Requeste	ed: Foster care/group home	services on an "as	requested" basis.	3)	
Contract Term:	Perpetual	Contract Value	e: \$250	2 000,0	
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CONTRACT RO	OUTING SHEET
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1. ORIGINATING DEPT HAZARDOUS-ROUTE TO RIST MGT. NON-HAZARDOUS-ROUTE TO COUNTY COUNSEL BY: 24-28-97	2. COUNTY COUNSEL REVIEW DISAPPROVED BY: DATE: COMMENTS: BY: DATE: COMMENTS: BY: DATE: COMMENTS: BY: DATE: COMMENTS: COMME
Ia. RISK MANAGEMENT REVIEW OF HAZARDOUS CONTRACTS APPROVED DISAPPROVED BY: DATE: COMMENTS:	3. COUNTY APPROVAL BOARD OF SUPERVISORS SIGNED BY CHAIRMAN ON: MAILED BY BOARD OFFICE ON: BY: PURCHASING SIGNED BY PURCHASING AGENT ON:

RISK MANAGEMENT is exempt from review if the contract is non-hazardous. Following County Counsel review contract should be returned to submitting department.

COMMENTS: Exhibits attached to each contract

12-0941 C 22 of 57

Contract Name:

340B Prime Vendor Participation Agreement

Contract #

None

Budget Code: 403111

	PHOCESSING DE		CONTRAC	IOR:	
•	Department: P		_ Name:	Healthcare Purchasing F	Partners, LLC
Ŋ	Dept. Contact:	Dan Buffalo	Address:	125 East John Carpente	
- Mestalatice	Phone #:621	-6226		Irving, TX 75062-2324	
7	Department Head	, Date; February 26, 2007	Phone:		
1	Signature: De	he webant		(000) 0.10 27 01	
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Date Prepared:	6-12-08	Need Dat	te: 7-03-08	
PROCESSING D	EPARTMENT:	CONTRA	CTOR:	
Department:	Human Services	Name: Hillcrest Community Se Inc. dba Wilderness Re Center		
Dept. Contact:	Shirley I. C. Hodgson	Address:		
Phone #:	X7268	_	Redding, CA 96099 (Mailing P.O. Box 993125)	
Department	2	Phone:	(530) 244-3806	
Head Signature:	200			
CONTRACTING	DEPARTMENT: Human S	ervices		
	ed: Foster care/group home			
Contract Term: _l		Contract Value		
	Human Resources requirement		4/24/08 No:	
Compliance verifi	ed by: Review not required	per Patti Barton (HF	R) and Jere Copeland (Union)	
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Rev. 12/2000 (GS-GVP)

Contract #: N/A AGMT #348-L1111 Legistar 11-0091

Item Submitted: Human Services Additional Parking Lot Agreement

PROCESSING DEI	PARTIVIENT.	CONTRA	CTOR. p
Department:	Transportation		20 20
Dept. Contact:	·	Name:	Russell M. Hitomi Trustee
Phone:	Russell Nygaard		Peggy Eichhorn 🛱 🕏
Department Head	530-621-5916	Address:	
Signature:	0 00.	1	2196 Lake Tahoe Blvd S Lake Tahoe 96150 S 530-542-5521
(Xvaull AV lace	Phone:	530-542-5521
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CONTRACTING DI	EPARTMENT: Transpor	tation	E COLUMN E
	Review and Approva		aroament of m
Contract Term:		Contract/Amend	ment Amount: \$0
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		participating or c	lirectly affected by this contract).
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Contract Name La	orp - Agreement for use of "Labor"	y Communic	ations Manager".
	·	Contract #	337-PHD0803.
		Budget C	ndo 103111

PROCESSING DEPARTMENT:	CONTRACTOR:
Department: Public Health	Name: Laboratory Corporation of America .
Dept. Contact: Carol Dunn	Address: 430 South Spring Street .
Phone #: 621-6226	Burlington, NC 27215
Department Head Date: October 15, 20	
Signature: Hulusahe - Kon	
1000	
CONTRACTING DEPARTMENT: Put	olic Health
Compliance with Human Resources require	emente? Ves: X No:
Compliance verified by: N/A – use of free	
Compliance verified by	T 32
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COUNTY COUNSEL: (Must approve all co	
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assigned to Ed Mas D Contract #: 425-50911

Date Prepared:	10-22-08	Need Date	e: 11-13-08
PROCESSING D		CONTRAC	CTOR:
Dept. Contact: Phone #:	Shirley I. C. Hodgson 7268	Address:	
Department Head Signature:	2-20	Phone:	510 531 3111
	DEPARTMENT: Human Se		Ti Ti
Service Requeste	ed: Foster care/group homes	services on an "as	
Contract Term:	No stated term Human Resources requiremen	Contract Value:	
Compliance with Compliance verifi			Ño:
	SEL: (Must approve all contra	cts and MOU's)	2 /./
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Approved:	Disapproved:	Date:	By:
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Contract Name	Marshall Hospital Trauma	Registry	Agreement
	Contract #	340-	PHD0903
	Dudge	+ Code	402240

er 29, 2003 Phone: Public Health	Marshall Hospita Marshall Way Placerville, CAS	95667
er 29, 2003 Phone:	Marshall Way Placerville, CA 9	95667
er 29, 2003 Phone:	Placerville, CA 9	95667
	(530) 622-1441	
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Date: 10/3/0 Date:	By: D. (By: Vact & MCR)	lieney A
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	and MOU's except boil Date: 10/3/2 Date: 10/	BARTEN CONTROL & MOS

TE: 10-6-9	The state of the s		Contract #:
TORNEY VJF 213100 PT./INDEX NO.	CONTRACT	ROUTING	SHEET
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:	Keren Bury	CONTRACTO Name: 7/2 Address: Phone:	irskáll Hospital
Compliance with H	DEPARTMENT:uman Resources required by:	irements?Yes:	No:X
Approved: X	EL: (Must approve all Disapproved: Disapproved:	_ Date: <u>///9 /</u>	
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contract). Depart			or directly affected by this By: By:

Internal Contract No: Purchasing Contract No:

Index Code: 405280

082-092-P-N2011

Date Prepared:	January 10, 2011	Need Date:	3/3/11
PROCESSING DE	PARTMENT:	CONTRACTOR	? ₹ !
Department:	Health Svcs - Public Health		shall Medical Center
Dept. Contact:	Kathy Lang x 6362	Address: 1100	
2 nd Contact:	Tom Michaelson		erville, CA 95667
Department	1.2.10	Phone:	
Head Signature:	Neda West, Director		
	DEPARTMENT: Health Serv		
	d: MOU to participate in the 0		
	n signature - 9/9/9999		t Value: \$0.00
Compliance with H Compliance verifie	luman Resources requirement d by: Other	s? Yes <u> </u>	No: p
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Internal Contract No:

538-PHD0706,

A-1

Purchasing Contract No:

requested

Index Code: 403210

Date Prepared:	January/2, 2009	Need Dat	:e: <u>عَ</u>	2/2/09	
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature	EPARTMENT: Health Svcs Dept – PH Div. Kathy Lang 621-6362 Neda West, Director	CONTRA Name: Address: Phone:	Marsha 1100 M	all Medical Marshall Wa ville, CA 95	ıy
Service Requeste Contract Term: _r Compliance with I	DEPARTMENT: Health Service: County provides misc testingerpetual Human Resources requiremented by: N/A - Incoming Funding	ng services throu Co s? Yes	gh HSD-		atory
Approved:	EL: (Must approve all contrac Disapproved: Disapproved:		-119	By:	GgB James
Dr.C.	- Ste Mes. - accinyit: answered	Rigarding po	eceni mer i co	Gr Adis	2-169
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OTHER APPROV Departments:	AL: (Specify department(s) pa		ctly affec	ted by this	
Approved:	Disapproved: Disapproved:	Date:		By: By:	

Date Prepared:	6-12-08	Need Date: 7-03-08	
PROCESSING D Department:	Human Services	CONTRACTOR: Name: Martin's Achieveme	
Dept. Contact: Phone #:	Shirley I. C. Hodgson X7268	Address: 5240 Jackson Stree North Highlands, CA	
Department Head Signature:	220	Phone: (916) 338-1001	Littly
	DEPARTMENT: Human S	ervices services on an "as requested" basis	Chi'd
Contract Term:		Contract Value: \$250,	000
Compliance with	Human Resources requireme		Contract of the contract of th
Approved:	SEL: (Must approve all contr	acts and MOU's) Date: 6-17-08 By: 4	de
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Approved:	Disapproved:	Date: / By:	69
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Please call Shi	rley Hodgson at 7268 to pick	up. Thanks.	N 0
		participating or directly affected by this co	ontract)2
Approved:	Disapproved:	Date: By:	
Approved:	Disapproved:	Date: By:	

Internal Contract No: 120-PHD0006, A-3 Purchasing Contract No: 278-S0110
Index Code: 403310

CONTRACT ROUTING SHEET

Date Prepared:	December 29, 2008	Need Date:	January 6, 2009	
PROCESSING D Department:	EPARTMENT: Health Services Department		OR: Please Rush edical Priority Consultants dba riority Dispatch Corp & %	
Dept. Contact: Phone #: Department Head Signature:	Kathy Lang 621-6362 Alch West, Director	Address: 13	39 E. South Temple, Suite 500 alt Lake City, UT 84111	
Service Requeste Contract Term: _ Compliance with	DEPARTMENT: Public Health ed: EMS software license, support & Perpetual Human Resources requirements? ed by: Feasibility Analysis attached.	Cont Yes:	ract Value: \$12,550 x No:	
COUNTY COUNS Approved: Approved:	SEL: Must approve all contracts and Disapproved: Da Disapproved: Da	te: 1/8/0	19 By: De B. Hon 19 By: Je B. Hon	~
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Rev. 12/2000 (GS-GVP)

Date Prepared:	6-11-08	Need Dat	e: 7-2-08		
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	Human Services	Name:		hildren's Ser	vices lac
Dept. Contact:	Shirley I. C. Hodgson		24077 Hig		vices, wie.
Phone #:	X7268	_ Address.		ity, CA 9595	a 81
24112112111	X7200	Phone:	(530) 265-		2
Department Head Signature:	3 3 9	Priorie.	(330) 203-	9007	
nead Signature.		_			2
					6
	DEPARTMENT: Human S				3
Service Request	ed: Foster care/group home	services on an "as	requested"	basis.	6
Contract Term:	Perpetual	Contract Value		\$250,00	0
Compliance with	Human Resources requirement	ents? Yes:	4/24/08	No:	
Compliance verif	ied by: Review not required	per Patti Barton (HF	R) and Jere	Copeland (L	Inion)
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Date Prepared:	1-06-09	Need Dat	e: 1-23-09
PROCESSING D Department:	EPARTMENT: Human Services	CONTRAI Name:	New Millennium Contemporary Management dba New S Millennium Foster Family Agency
Dept. Contact: Phone:#:	Shirley I. C. Hodgson X7268	Address:	606 "D" Street Marysville, CA 95901 - :
Department Head Signature:	Journal Marie Course	Phone:	530,743,7106
CONTRACTING	Control of the Contro		The state of the s
Contract Term: (d: Foster care/group home s Continuing until terminated	Contract Value:	NTE \$250,000 per fiscal year \$100,000
24	Human Resources requirement ed by: Patti Barton of H.R.	s? Yes:	12=31=08 No: -
COUNTY COUNS Approved:	Disapprove all contract Disapproved: Disapproved:	ts and MO⊍'s) Date:/⁻໒⁻ Date:	By: Glan
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	Human Services		Oakendell		5
	Shirley I. C. Hodgson		3585 Hawv P.O. Box 1		iling:
Phone #:	X7268	-		s, CA 95249	
Department		Phone:	(209) 754-1		7
Head Signature:	700	=			8.
	DEPARTMENT: Human Se			- Je -	6
	ted: Foster care/group home				
Contract Term:		Contract Value		\$250,000	
	Human Resources requireme fied by: Review not required		4/24/08 R) and Jere C	No: Copeland (Un	ion)
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Contract #:147-S0911

PROCESSING DER Department: Dept. Contact:		CONTRA	2222		
Department:		CONTR	CTOR:		
	Human Services	Name:	Obid Foundation		
Dopti Dolliade			8382 Sierra Suns	et Drive	
The Park of the Control of the Contr	X7268		Sacramento, CA		
Department ,	11200	Phone:	(916) 217-0197	00020	2
Head Signature:	2 3 2	i none.	(010)211 0101	1 1	2
Ticad digitatore		=			the
CONTRACTING DI	EPARTMENT: Human S	ervices			0
Service Requested:	: Foster care/group home	services on an "as	requested" basis.	(1)	63
Contract Term: Pe		Contract Value		50,000	2
Compliance with Hu	uman Resources requireme	ents? Yes:	4/24/08 No);	03
	by: Review not required		R) and Jere Copela	nd (Unior	1)
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Please call Shirley	y Hodgson at 7268 to pick u	in Thanks		0	P P
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Approved:	Disapproved:	Date:	By:		

Assigned to: E' Knowpp
Contract #:149-S0911
CONTRACT ROUTING SHEET

Date Prepared:	10-22-08	Need Dat	e: 11-13-08		
PROCESSING D	FPARTMENT:	CONTRA	CTOR:		
Department:		Name:	One Day, Inc. dba Southpoint Homes		
Dept. Contact:	Shirley I. C. Hodgson	Address:			
Phone #:	7268		95829		
Department	_	Phone:	916 601 3561		
Head Signature:	200	-	, New		
	DEPARTMENT: Human S		- 3 8		
	ed: Foster care/group home		s requested" basis.		
Contract Term: _		Contract Value			
Compliance with Compliance verifi	Human Resources requiremed by:	ents? Yes:	No:		
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	ey Hodgson at x7268 to pick /AL: (Specify department(s)		ctly affected by this contract).		
Approved:	Disapproved:	Date:	By:		
Approved:	Disapproved:	Date:	Ву:		
			42 0044 C 20 of E7		

CONTRACT ROUTING SHEET

Date Prepared:	8-8-08	Need Dat	e: 8-22-08	- 3 g
PROCESSING D	EPARTMENT:	CONTRA	CTOR:	N K
Department:	Human Services	Name:	Open Lines Grou	up Homes, Inc?_
Dept. Contact:	Shirley I. C. Hodgson	Address:		Lakes Blvd. ξ 992197, Ξ ξ
Phone #:	7268	7	Redding, CA 960	
Department	7200	Phone:	530 241-5178	, ,
Head Signature:	200		000 241-0170	and the second
		0.00		
	DEPARTMENT: Human Se			
	ed: Foster care/group home			2
Contract Term: _		Contract Value		00,000,000
	Human Resources requirement ied by: Review not required			o:
	SEL: (Must approve all contr		<u>*</u>	
Approved:	/ Disapproved:	and the same of the second of	2-08 By:	616
Approved:	Disapproved:	Date:	By:	ayong
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	+ my come and the	eugen pro	7125	
	D TO RISK MANAGEMENT. THAN			
	MENT: (All contracts and MO			greements)
Approved:	Disapproved:	Date: 5/19	10.55 By:	10th Hollen
Approved:	Disapproved:	Date:	By: <u></u>	3
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Please call Shir	ley Hodgson at 7268 to pick u	n Thanks		9 7
OTHER APPRO	VAL: (Specify department(s)		ctly affected by the	
Departments: _	Disamusicadi	Defe	0	
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	
			12_00/1	C 39 of 57

Rev. 12/2000 (GS-GVP)

Internal Contract No: Purchasing Contract No: 029-S12 Revenue

277-183-M-R2011

029-S1211

Date Prepared:	June 17, 201 July 5,	Lou Need Dat	e: July	19, 2011
PROCESSING D	EPARTMENT:	CONTRA	CTOR:	
Department:	Health Svcs Dept – MH Div.			ty Mental Health
Dept. Contact:	Thomas Michaelson	Address:	270 County H Suite 109	ospital Road,
Phone #:	6203		Quincy, CA 9	5971
Department	ALA L	Phone:	530-283-6307	
Head Signature:	Neda West, Director			
	DEPARTMENT: Health Se		- Mental Health	Division
	d: Use of EDC Psych Healt			
	Perpetual agreement beginnir 7/1/11		ontract Value:	\$25,000 per year
	Human Resources requireme			No:
Compliance verific	ed by: N/A – revenue	agreement		
COUNTY COUNS	SEL: (Must approve all contra	acts and MOU's)		EL D
Approved:	Disapproved:	Date: 7/	13 / By:	Tush Bush
Approved:	Disapproved:	Date:	By:	
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	TO RISK MANAGEMENT. THAN		te grant funding	agreements
	Disapproved:	Date: 7//3		
Approved:	Disapproved:	Date:	By:	
OTHER APPROV	AL: (Specify department(s)	participating or direc	ctly affected by	this contract).
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	
		1	. 10	
	Program Mgr/Date	opefu M	Finance/Date	18/11

Contract #: 754-S0911

Date Prepared:	4-2-09	Need Date:	4-23-09
PROCESSING D	EPARTMENT:	CONTRACT	OR:
Department	Human Services	Name: F	rovo Canyon School, Inc.
Dept. Contact:	Shirley I. C. Hodgson	Address: 1	350 East 750 North
Phone #:	X7268		rem, UT 84097
Department			01 227 2100
Head Signature:	1 De	_	
Service Requeste Contract Term: Compliance with	DEPARTMENT: Human S d: Foster care/group home Centinues until terminated 3 Human Resources requirement ed by: Cheryl Dorosh at Hu	e services on an "as received Contract Value; and ents?" Yes:	quested" basis \$ -7.476 \$100,000.00\$ / 00,000 -2-09 No:
COUNTY COUNS	SEL: (Must approve all conti	racts and MOU's)	//*
	/ Disapproved:		09 By: Moren
Approved:	Disapproved:	Date:	Ву:
			1 2 4-14-09
PLEASE FORWARD	TO KISK MANAGEMENT. THA IENT: (All contracts and MC	NKSI)U's except boilerplate	grant funding agreements
Approved:	Disapproved:	Date: 4/15	09 By: Castello
Approved:	Disapproved:	Date:	By:
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OTHER APPROV Departments:	rley Hodgson at x7268 to pic /AL: (Specify department(s)	participating or directly	affected by this contract).
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:

0	ealth Clinic Management Software Maintenance Agreement Contract #05-498-01M . Budget Code 403111 .
CONTRACT	
CONTRACT	ROUTING SHEET
PROCESSING DEPARTMENT:	CONTRACTOR:
Department: Public Health	CONTRACTOR: S S S S S S S S S S S S S S S S S S S
Dept. Contact: Carol Dunn	Address: P.O. Box 874
Phone #: 621-6226	Greenville, SC 29602 57 88 .
Department Head , Date; March 9, 2005	Phone: (864) 233-2666 232-2666
Signature: Mufullant	— 5
CONTRACTING DEPARTMENT: Pub	olic Health
Compliance with Human Resources require	
	ent by Kathryn Libicki & Local #1 (proprietary:software)
	- CO 000
COUNTY COUNSEL: (Must approve all co	
Approved: Disapproved: Disapproved: Disapproved:	Date: 4/18/05 By: Judita France
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3 No warrangue	es, No indemnity 3/24/05 Remied
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Approved: Disapproved:	Date: By:
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	(s) participating or directly affected by this contract.)
OTHER APPROVAL: (Specify department	(s) participating or directly affected by this contract.)
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	Date: By:
OTHER APPROVAL: (Specify department NFORMATION SERVICES: Approved: Disapproved:	Date: 5/2/05 By Oloverdale.
OTHER APPROVAL: (Specify department NFORMATION SERVICES: Approved: Disapproved:	Date: 5/2/05 By Oloverdale.

Date Prepared:					
PROCESSING D	EPARTMENT:	CONTRA	CTOR:		
	Human Services	Name:	R House, Inc.		
	Shirley I. C. Hodgson	Address:			P.O.
Phone #:	X7268	•	Santa Rosa, CA 9	5400	~
Department	A7200	Phone:	(707) 571-2215	(do
Head Signature:	5 3 0	r none.	(101) 31 1-2213		-
neau Signature.		-		73 9	13
				150	0
CONTRACTING	DEPARTMENT: Human Ser	rvices		- 1 :	7,
Service Requeste	ed: Foster care/group home s	services on an "as	requested" basis.	0.	1
Contract Term:		Contract Value		0,000	A
	Human Resources requiremen	its? Yes:	4/24/08 No.		1
	ed by: Review not required p		R) and Jere Copelar	nd (Union)
The state of		Committee of the Commit			
	SEL: (Must approve all contra	cts and MOU's)		1.1.	
Approved:	Disapproved:	Date:	17-08 By:	20 hrs	
Approved	Disapproved:	Date:	By:	1 .	
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Date Prepared:	6-24-11	Need Date	e: 7-22-11	1
PROCESSING DI	EPARTMENT:	CONTRAC	CTOR:	Control Contro
Department:	Human Services	Name:	Red Rock	Canyon School
Dept. Contact:	Shirley I. C. Hodgson			George Blvd
Phone #:	X7268	_		e, UT 84770
Department	A I I A	Phone:	800 635-4	
Head Signature:	(Sund / Meson	_		
				grander (m. 1945) Alle 1941 Alle 1941
		_		
	DEPARTMENT: Human Servi		<u>-</u>	
_	d: Group home services on ar			
Contract Term: _		Contract Value:		\$125,000.00
Compliance with H	Human Resources requirements	s? Yes:	6-20-11	No:
Compliance verifie	ed by: <u>Mike Strella</u>			2 9
COUNTY COUNC	TI. (Must spars) all contract	a and MOLUA		= 5
	EL: (Must approve all contracts			By: 61 to 8
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Approved:	Disapproved:	_ Date:		By: 27 8
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Approved:	Disapproved:	Date:		By:
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Please call Shir	ley Hodgson at x7268 to pick up	5.		
	AL: (Specify department(s) par		tly affected	by this contract).
Departments:		. 5	,	•
Approved:	Disapproved:	Date:		By:
Approved:	Disapproved:	 Date:		By:
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Date Prepared:	November 1, 2010	Need Date:	ASAP
PROCESSING D	EPARTMENT:	CONTRACTOR	
Department:	Human Services	Name: Sacr	ramento Area Council of ernments
Dept. Contact:	DeAnn Osborn	Address: 1418	L Street, Suite 300
Phone #:	X7338	Sacr	amento, CA 95814
Department	1 1111	Phone: 916/	340-6226
Head Signature:	Daniel Nielson, Director		3
CONTRACTING	DEPARTMENT: Human Servi	ces	5
Service Requeste	ed: Lifeline Transportation Stud	у	
	Upon execution-No end term		\$0.00
Compliance with Compliance verific	Human Resources requirements ed by:	? Yes: <u>N/A</u>	No:
Approved:	Disapproved: Disapproved:	and MOUs) Date: //- Y-	
	with moderation susce	sted & SAROG.	20
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	Please forward to Risk	Management. Thanks!	
RISK MANAGEM Approved:	ENT: (All contracts and MOUs of Disapproved:	except boilerplate gran	nt funding agreements By:
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OTHER APPROV Departments:	AL: (Specify department[s] part	icipating or directly aff	ected by this contract)
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Approved:	Disapproved:	Date:	By:
Comment of the second			
	Plaase contact DeAnn Osborn 0733	(8) to arrange for nices	Thank you!

Contract Name:

Memorandum of Understanding
Contract # 673-PHD1007

Budget Code:

403310

EL DORADO CONTRACT	ROUTIN	IG SHEE	4 1
2007 OCT 31 PM 3: 42			13
TO PROCESSING DEPARTMENT:	CONTRAC	TOR:	M TIE
Department: Public Health	Name:	County of San J	loaquin 8 5
Dept. Contact: Dan Buffalo	_ Address:	500 W. Hospita	
Phone #:621-6226	_	Benton Hall, Ro	
Department Head Date: October 4, 2007		French Camp, (
Signature: Harfulate time	Phone:	(209) 468-6818	2 5
N. 12 CONTRACTING DEPARTMENT	11		SHAR C
CONTRACTING DEPARTMENT: Public	Health		J. 3. 5. 5. 1
Compliance with Human Resources requirem		No X	25.5
Compliance verified by: N/A, under \$40,00	00		12 = 0
COUNTY COUNSEL: (Must approve all cont	tracts and MQU's	5)1 1/1	your 3
Approved M. V. Disapproved:	Date: 10/25	107 By:	Jones !
Approved: Visapproved:	Date: Unal	By: 10.	le Harris
A see comments on	attached cary	of agreement	1 Changes on
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ASSIGNMENT ASSIGNMENT NO. COSTS. COSTS. COSTS. COSTS.	1		1
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RISIEMENAGEMENT: (All contracts and MC	DU's except boile	rplate grant fund	ing agreements)
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Approved: Disapproved:	Date:	By:	6-y xan bagui
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OTHER APPROVAL: (Specify department(s) participating or	directly affected	by this contract.)
DEPARTMENT:			Chickel inner
Approved: Disapproved:	Date:	Byr	not available for
Approved: Disapproved:		By:	review.
Approved Disapproved	Date.	by	1
			Under this agreement
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Contract Name:

Memorandum of Understanding Contract # 673-PHD1007

403310 Budget Code:

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract.)	2 EL DORADO CONTRACT R	OUTING SHEET
Department: Public Health Dept. Contact: Dan Buffalo Phone #: 621-6226 Department Head Date: October 4, 2007 Phone: (209) 468-6818 CONTRACTING DEPARTMENT: Public Health Compliance with Human Resources requirements? CONTRACTING DEPARTMENT: Public Health Compliance with Human Resources requirements? COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: 1/25/07 By: Medicare distribution of the provided of the provi	2007 OCT 31 PM 3: 42	支
Separtment Head Date: October 4, 2007 Signature: Phone: (209) 468-6818 CONTRACTING DEPARTMENT: Public Health Compliance with Human Resources requirements? Yes No X COUNTY COUNSEL: (Must approved: Date: 10/3/67 By: Jely Hards Approved: Disapproved: Date: 10/3/67 By: Jely Hards Cesuminate on Atlantic High Carpennes (County) RISE MENAGEMENT: (All contracts and MOU's except boileplate grant funding agreements) Approved: Disapproved: Date: 14/3/67 By: Let Human Resources RISE MENAGEMENT: (All contracts and MOU's except boileplate grant funding agreements) Approved: Disapproved: Date: By: Let Human Resources OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract.) DEPARTMENT: Approved: Disapproved: Date: By: Let Human Resources Approved: Disapproved: Date: By: Let Human Resources DEPARTMENT: Approved: Disapproved: Date: By: Let Human Resources Carly Let		
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Separtment Head Date: October 4, 2007 Signature: Phone: (209) 468-6818 CONTRACTING DEPARTMENT: Public Health Compliance with Human Resources requirements? Yes No X COUNTY COUNSEL: (Must approved: Date: 10/3/67 By: Jely Hards Approved: Disapproved: Date: 10/3/67 By: Jely Hards Cesuminate on Atlantic High Carpennes (County) RISE MENAGEMENT: (All contracts and MOU's except boileplate grant funding agreements) Approved: Disapproved: Date: 14/3/67 By: Let Human Resources RISE MENAGEMENT: (All contracts and MOU's except boileplate grant funding agreements) Approved: Disapproved: Date: By: Let Human Resources OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract.) DEPARTMENT: Approved: Disapproved: Date: By: Let Human Resources Approved: Disapproved: Date: By: Let Human Resources DEPARTMENT: Approved: Disapproved: Date: By: Let Human Resources Carly Let	N .	Address: 500 W. Hospital Road
CONTRACTING DEPARTMENT: Public Health Compliance with Human Resources requirements? Yes No X Compliance verified by: N/A, under \$40,000 COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: 1/2/6/7 By: Men Harves Approved: Disapproved: Date: 1/2/6/7 By: Men Harves Compliance verified by: N/A under \$40,000 COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: 1/2/6/7 By: Men Harves Approved: Disapproved: Date: 1/2/6/7 By: Men Harves County County to make the second approved to complete the county of the		
CONTRACTING DEPARTMENT: Public Health Compliance with Human Resources requirements? Yes No X Compliance verified by: N/A, under \$40,000 COUNTY COUNSEL: (Must approved: Date: 10/28/7 By: Mention Disapproved: Disapproved: Date: 10/28/7 By: Mention Disapproved: Date: 12/28/7 By: Mention Disa		
Compliance with Human Resources requirements? Yes No X Compliance verified by: N/A, under \$40,000 COUNTY COUNSEL: (Must approve all contracts and MOU's) Reproved: Disapproved: Date: Unation By: The Harry Approved: Disapproved: Date: Unation By: The Harry Approved: Disapproved: Date: Unation By: The Harry County of County	3.75	
Country Counset: (Must approve all contracts and MOU's) Approved and Disapproved: Date: 12/3/0 By: Use (agreenest) Approved: Disapproved: Disapproved: Date: By: Department: Approved: Disapproved: Date: By: Use (agreenest) Conditions Were Payments directly To San Joaquin Cautty util make Payments directly To San Joaquin Cautty util make Payments directly To San Joaquin		
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Disapproved: Date: Date: By: Carry Lateral Latera	COUNTY COUNSEL: (Must approve all contract	cts and MOU's)
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Contract Name	Hospice Client Ambulance	Transport	Agreement
		Contract #	None .

Budget Code 401111

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Department:			Wline Hospice of El Dora	do County, Ir
	Carol Dunn		70 Placerville Drive	
Phone #:62	1-6226		Placerville, CA 95667	
Signature:	Date: December 14, 2	<u></u> 	(530) 621-7820	
Compliance with	DEPARTMENT: Publ Human Resources require ed by: N/A - County pr	ments? Yes: X	No:	
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ASSIGNMENT DATE: 3/9/98 CONTRACT NUMBER STPUD MOU ATTORNEY Jom P. Outreach Program DEPT./INDEX NO. 523 CONTRACT ROUTING SHEET SUBMITTED BY: CONTRACTOR DEPARTMENT Community Services NAME South Tahoe Public Utility District 1275 Meadow Crest Drive CONTACT PERSON John Litwinovich ADDRESS South Lake Tahoe, CA 96150 CONTACT PHONE # 6163 PHONE # 530-544-6474 1. ORIGINATING DEPT 2. COUNTY COUNSEL REVIEW DISAPPROVED HAZARDOUS-ROUTE TO RISK MGT. DATE: NON-HAZARDOUS-ROUTE TO COUNTY COMMENTS: 200 01 COUNSEL meinstandum. APPROVED BY: BY: Jasara DATE: DATE: 3/9/98 COMMENTS: COUNTY APPROVAL 1a. RISK MANAGEMENT REVIEW OF HAZARDOUS CONTRACTS BOARD OF SUPERVISORS APPROVED DISAPPROVED SIGNED BY CHAIRMAN ON: MAILED BY BOARD OFFICE ON: BY: COMMENTS: _ PURCHASING SIGNED BY PURCHASING AGENT ON: RISK MANAGEMENT is exempt from review if the contract is non-hazardous. Following County Counsel review contract should be returned to submitting department. COMMENTS:

12-0941 C-49 of 57

INTEROFFICE MEMORANDUM

COUNTY COUNSEL

TO:

John Litwinovich

Community Services Director

FROM:

Thomas R. Parker

Deputy County Counsel

DATE:

March 10, 1998

RE:

Review of Memorandum of Understanding ("MOU") with South Tahoe Public Utility District ("STPUD") for Helping Hands Outreach Program

I have reviewed the attached MOU with STPUD for the

I have reviewed the attached MOU with STPUD for the abovementioned prgram in the South Lake Tahoe region. I have the following comments:

- 1. What is the district criteria for the program and should it be attached to the MOU to insure that all parties know what kind of program recipients will be served?
- 2. Should there be a sum certain (if one exists) for the "available funds" to be used for the program per paragraph 2(c)? Or is the amount available always changing such that a sum certain cannot be identified?
- 3. Please note that the program symbol ("HO") is cited as "HO" in paragraph 2(a), a typographical error I suspect.

Please contact this office if you have any questions regarding this matter.

TRP

Memoform.wpd

DEPARTMENT OF COMMUNITY SERVICES

John Litwinovich Department Director 937 Spring Street Placerville, CA 95667 (530) 621-6150 3368 Lake Tahoe Blvd. Suite 202 South Lake Tahoe, CA 96150 (530) 573-3490

MEMO

TO:

El Dorado County Board of Supervisors

FROM:

John Litwinovich, Community Services Director

DATE:

March 11, 1998

SUBJ:

Response to County Counsel Comments on Agenda Item

Title: South Tahoe Public Utility District Helping Hands Outreach (H2O) Program MOU

Comment #1:

MOU Section 1a. states that "District shall establish and provide to Department eligibility criteria for applicants to the Helping Hands Outreach (H2O) Program at the Program inception and shall amend this criteria as necessary."

Comment #2:

The funding level is based on donations. MOU Section 1f. states that "District shall provide Department with a mutually agreeable notification of the amount of funds available within the Helping Hands Outreach (H2O) Program."

Comment #3:

It has been confirmed that this is a typo.

SERVICES (IHSS) PROVIDER HEACTH
BENEFITS WITH SYMETRH LIFE INS. CO

CONTRACT ROUTING SHEET

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Department: Human SERVICES	Name: OYME	TRA LIFE INS. CO
Dept. Contact: JOHN LITWINGSEH	Address: No A	PRESS LIBTED
Phone #: <u>(530)</u> 6163		
Department Head	Phone:	
Signature: (V)		
CONTRACTING DEPARTMENT:		
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Department:	Human Services	Name: Tahoe Turning F	Point
	Shirley I. C. Hodgson	Address: P.O. Box 17509	
Phone #:	X7268	South Lake Tahe	oe. CA 96151
Department		Phone: (530) 541-4594	
Head Signature:	200		entin
	DEPARTMENT: Human S		
Service Requeste	ed: Foster care/group home	services on an "as requested" basis.	6
Contract Term:			250,000
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Department:		Name:	Tribal Economic &	Social
	Statistic Section 2		Solutions Agency,	
Dept. Contact:	Shirley I. C. Hodgson	Address:		
Phone #:	X7268	_	Sacramento, CA 9	
Department	- Al Edd	Phone:	(916) 485-2600	The same
Head Signature:	3 3 0	i ilono.	(010) 400 2000	1
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CALL CONTRACTOR				

Internal Contract No:

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N2010

Purchasing Contract No:

N/A

Index Code:

419100

Date Prepared:	January 21, 2011	Need Date:	2-18-11	- 5
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature:	Health Svcs Dept – MH Div. Thomas Michaelson 6203 Neda West, Director	Address: 231	PR: Davis Health S 15 Stockton Blvd cramento, CA 98 3-734-3820	d, Suite 2300
	DEPARTMENT: Health Service d: UC Davis Health System to p Tahoe			
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Contract #: Surplus Property Donation Agreement CONTRACT ROUTING SHEET En Donate County

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Department:	- 1001AN 0.20 TOROWS 0444 TARES	Name:	
Dept. Contact:			Approve "Boiler-Plate"
Dept. Contact.		Address.	Agreement
Phone #:	5940	2, 10, 13	
Department	A :20 0	Phone:	
Head Signature:	George W. Sanders		
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	ed: Donation of Surplus Property	Contract/Amon	dment Value:
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	ied by:		X No: 23 97
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PROCESSING	DEPARTMENT:	CONTRA	CTOR:	
Department:		Name:	Wide Horizons Ranch,	Inc.
Dept. Contact:			27442 Oak Run to Ferr	
Phone #:	X7268		Oak Run, CA 96069	T (Out
Department	- XI 200	Phone:	(530) 472-3223	3
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