

Contract #: 266-S1410  
Index Code: 403330

# CONTRACT ROUTING SHEET

Date Prepared: 01-20-2015  
01-02-2015

Need Date: 01-30-2015

## PROCESSING DEPARTMENT:

Department: HHSA/Public Health  
Dept. Contact: Zhana Mc Cullough  
Phone #: X 7154  
Department  
Head Signature: [Signature]  
Don Ashton, M.P.A., Director

## CONTRACTOR:

Name: Barton Healthcare System  
Address: PO Box 9578  
South Lake Tahoe, CA 96158  
Name: Marshall Medical Center  
Address: 1100 Marshall Road  
Placerville, CA 95667

## CONTRACTING DEPARTMENT: Health and Human Services Agency/Public Health

Service Requested: Agreement for the disbursement of Richie Funds (improve access to pediatric trauma and emergency services at Barton and at Marshall)

Contract Term: Upon final signature for six years. Contract/Grant Value: \$30,000/year/for each entity

Compliance with Human Resources requirements? N/A ☒ Yes ☐ No: ☐

Compliance verified by: \_\_\_\_\_

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

Approved: X Disapproved: \_\_\_\_\_ Date: 1/21/15 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
266 JAN 20 AM 10:35

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: X Disapproved: \_\_\_\_\_ Date: 1/21/15 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

[Signature]  
CFO Review

1/15/15  
Date  
1/21/15  
[Signature]

[Signature]  
Program Manager II, Admin/Fiscal  
1/16/15  
Date