

Internal Contract No: 897-PHD1009
Purchasing Contract No: 216-S1010
Index Code: 403310

CONTRACT ROUTING SHEET

Date Prepared: ~~6/17/10~~ ^{6/14/10} April 14, 2010

Need Date: ^{6/28/10} 5/5/10

PROCESSING DEPARTMENT:

Department: Health Svcs Dept - PH Div.
Dept. Contact: Thomas Michaelson
Phone #: 6203
Department
Head Signature: *Neda West*
Neda West Neda West, Director

CONTRACTOR:

Name: Marshall Medical Center
Address: 1100 Marshall Way
Placerville, CA 95667
Phone: 530-626-2604

EL DONA COUNTY COUNSEL
2010 JUN 23 AM 11:37
EL DONA COUNTY COUNSEL
2010 JUN 23 PM 3:03

CONTRACTING DEPARTMENT: Health Services Department - Public Health Division

Service Requested: Marshall to act as base hospital to provide direction and supervision for EMT and paramedics

Contract Term: 8/17/10 to 8/16/13 Contract Value: \$0

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

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 7/20/10 By: *Terrell Winters*
Approved: Disapproved: _____ Date: 2/24/11 By: *Terrell Winters*

Pls. see attached confidential atty-client memo
2/24/11 - pls. see new atty-client memo. Thanks!

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 7/21/10 By: *MSP*
Approved: Disapproved: _____ Date: 2/25/11 By: *MSP*

Pls see attached Atty Ltr - I agree w/ statement about Ins & Indemnity.

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

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

Todd 5-18-10
Program Mgr/Date

JF 5/20/10
Finance/Date