

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

CONTRACT ROUTING SHEET

Date Prepared: ~~6/7/10~~ 6/14/10
April 14, 2010

Need Date: 5/5/10

PROCESSING DEPARTMENT:

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

CONTRACTOR:

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

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 8/16/11 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: Terrill
Approved: Disapproved: _____ Date: 2/24/11 By: Terrill

Pls. see attached confidential atty-client memo.
2/24/11 - pls. see new atty-client memo. Thanks!
1/27/11 - resubmit e marshall edits. @
5/18/11 - Resubmit 2 edits. @
approved by resolution of US IALS Council 5/19

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 2/21/11 By: MJ
Approved: Disapproved: _____ Date: 2/25/11 By: MJ

Pls see attached atty ltr - I agree w/ statement about IAS & funding. MJ

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

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

2011 MAY 18 PM 4: 57
Program Mgr/Date J. Todd 5-18-10

11 FEB 24 PM 2: 03
Finance/Date JF 5/20/10