

CONTRACT ROUTING SHEET

Resubmit 07-23-2013
Date Prepared: 06-25-2013
Resubmit 07-24-2013

Need Date: *Rush, please*

PROCESSING DEPARTMENT:
Department: HHSA/Public Health
Dept. Contact: Zhana Mc Cullough
Phone #: Ext. 7154
Department
Head Signature: *[Signature]*
Janet Walker-Conroy, Interim Director

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

CONTRACTING DEPARTMENT: Health and Human Services Agency/Public Health
Service Requested: Marshall to act as base hospital to provide direction/supervision for EMTs and paramedics.
Contract Term: Begin 08-16-2013 - perpetual Contract/Grant Value: \$0
Compliance with Human Resources requirements? Yes X No:
Compliance verified by: Feasibility Analysis

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: _____ Disapproved: Date: 7/19/2013 By: K. Markham
Approved: _____ Disapproved: Date: 7/23/2013 By: K. Markham

1) Please see comments on agreement completed 07-24-2013 3m
2) Insurance provision needs to include proof of ins. for any person or entity that provides services under this agreement - completed
See conditional approval on the attached. 07-24-2013 3m

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: cond. Disapproved: _____ Date: 7/24/2013 By: Geigley
Approved: _____ Disapproved: _____ Date: _____ By: _____

still to do: ~~Need to be changed as per AHA on the Hospital's Policy~~
After contract signed (No - done)
1) Need Hospital to provide us with Certificates of Ins. of med Professionals - will be requested
2) change language per recommendations 3m
Completed 07-29-2013

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

[Signature] 7-3-13 PM Review/Date
[Signature] CFO Review/Date 7/13/13
[Signature] 7/10/13 Contracts Supe Review/Date

A Note from the HHSA Contracts Unit

Date: July 24, 2013

To: Risk Management

Re: Marshall Medical Center - Base Hospital Agreement

Most of County Counsel's edits have been incorporated into the insurance provisions (pages 10 through 13).

Item D needs the aggregate amount. Marshall's insurance documentation indicates that their aggregate is \$3,000,000.


Item E has been revised from what County Counsel wanted. There is no method for us to track the insurance certificates for each and every agent and/or subcontractor. Suggested language has been inserted that the documentation is to be provided upon County's request.

Item Q has been added per County Counsel's direction. However, it has been modified to echo Item E.

Many thanks,



Zhana Mc Cullough
Ext. 7154

1. No Aggregate required of
 2. Has to be trust on subs?
No way to track
- 

Conditionally Approved 7/25/2013 K. Mackham

- 1) Please make noted changes
- 2) Term language should mirror Barton Agreement language
- 3) Carefully compare to Barton Agreement
Barton & Marshall Agreements should be

the same.

All items completed.

07-29-2013
Zm

RECEIVED
HUMAN RESOURCES DEPT.
13 JUL 25 PM 2:45

2013 JUL 24 PM 3:24

EL DORADO COUNTY COUNSEL