

Purchasing Contract No: 118-F1310  
Index Code: 419100/419200

# CONTRACT ROUTING SHEET

Date Prepared: 7/23/12

Need Date: 8/6/12

## PROCESSING DEPARTMENT:

Department: HHSA / Mental Health

Dept. Contact: Kathy Lang

Phone #: X7147

Department Head Signature: [Signature]  
Daniel Nielson, M.P.A., Director

## CONTRACTOR:

Name: Anthem Blue Cross on behalf of CMSP

Address: State Sponsored Programs  
1 Wellpoint Way

Phone: Thousand Oaks, CA 91360

## CONTRACTING DEPARTMENT: Health and Human Services Agency - MHD

Service Requested: Funding for MH services provided to CMSP/Path2Health-eligible clients

Contract Term: On execution - perpetual Contract Value: Not specified

Compliance with Human Resources requirements? Yes x No:       

Compliance verified by: n/a Funding Agmt

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

Approved:        Disapproved:        Date:        By:       

Approved: X Disapproved:        Date: 8/1/12 By: [Signature]

as to form

Please ask Blue Cross to incorp. proposed revisions

Resubmit 9/13/12

agreed to the revisions to B 9/17/12

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

Approved: ✓ Disapproved:        Date: 8-2-12 By: [Signature]

Approved:        Disapproved:        Date:        By:       

Non-standard Agmt for funding with Blue Cross on behalf of

County Medical Services Program (CMSP)

RISK MANAGER

EL DORADO COUNTY

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

Departments:       

Approved:        Disapproved:        Date:        By:       

Approved:        Disapproved:        Date:        By:       

1000 7/20/12  
Contracts Review/date

[Signature] 7/20/12  
Contracts Review/date

# CONTRACT ROUTING SHEET

Date Prepared: 6-12-08Need Date: 7-03-08**PROCESSING DEPARTMENT:**Department: Human ServicesDept. Contact: Shirley I. C. HodgsonPhone #: X7268

Department: \_\_\_\_\_

Head Signature: **CONTRACTOR:**Name: Aspiranet dba Aspira Foster & Family ServicesAddress: 400 Oyster Point Blvd., #501  
South San Francisco, CA 94080Phone: (650) 866-4080**CONTRACTING DEPARTMENT:** Human ServicesService Requested: Foster care/group home services on an "as requested" basis.Contract Term: Perpetual Contract Value: \$250,000Compliance with Human Resources requirements? Yes: 4/24/08 No: \_\_\_\_\_Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)**COUNTY COUNSEL:** (Must approve all contracts and MOU's)Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6-18-08 By: 

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

*Note - perpetual agreement NTE 2016 per year  
- has been delegated signature authority*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6/19/08 By: 

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: \_\_\_\_\_ By: \_\_\_\_\_

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

Internal Contract No: 163-MHD0809  
Purchasing Contract No: 146-M1010  
Index Code: 419100

# CONTRACT ROUTING SHEET

Date Prepared: June 8, 2010 9/13/10

Need Date: 9/27/10

## PROCESSING DEPARTMENT:

Department: Health Svcs - Mental Health  
Dept. Contact: Kathy Lang  
Phone #: x6362  
Department  
Head Signature: Neda West  
Neda West, Director

## CONTRACTOR:

Name: Barton Healthcare System  
Address: 2170 South Avenue  
South Lake Tahoe, CA 96150  
Phone: \_\_\_\_\_

## CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Co provides MH assessment to patients in Barton ER  
Contract Term: signature through 6/30/13 Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes ☒ No: ☐  
Compliance verified by: Feasibility Analysis Attached

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 10/4 By: [Signature]  
Approved: ✓ Disapproved: \_\_\_\_\_ Date: 7/26/11 By: [Signature]  
7/26/11 - Change is approved - per our discussion

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: ✓ Date: 10/12/10 By: [Signature]  
Approved: ✓ Disapproved: \_\_\_\_\_ Date: 11/8/10 By: [Signature]  
Need additional insured endorsement to workers comp cert.  
Rec'd endorsement to submit 11/5/10 - (R)

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

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

Program Mgr / date

✓ not applicable  
Finance / date

Contract Name Blue Cross of California – CMSP Provider Agreement

Contract # none

Budget Code 406110

## CONTRACT ROUTING SHEET

### PROCESSING DEPARTMENT:

Department: Public Health

Dept. Contact: Dan Buffalo

Phone #: 621-6226

Department Head Date: January 11, 2006

Signature: [Signature]

### CONTRACTOR:

Name: Blue Cross of California – Healthcare Mgmt

Address: P.O. Box 4377

Woodland Hills, CA 91365-9938

Phone: (866) 565-7920

### CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes:      No:     

Compliance verified by: N/A

*HAND DELIVERED  
RECEIVED*

JAN 12 2006

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

El Dorado County Counsel

Approved: X Disapproved:      Date: 2/3/06 By: D. Livingston

Approved:      Disapproved:      Date:      By:     

*FOR GUY'S CONVERSATION W/ LEE, WE UNDERSTAND THAT THIS LETTER  
OF UNDERSTANDING IS A FAIRLY TYPICAL FORM. NEVERTHELESS, BECAUSE  
FARMINGTON THAT THE LETTER REFERS TO SHORTEN THE 150 DAY  
PERIOD WE WOULD OTHERWISE HAVE TO WAIT CLAIMS FOR SERVICES  
PROVIDED FROM 10/1/05 TO THE DATE OF THE "BC LIFE NOTICE".  
(SEE CONTRACT @ 96.5.)*

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

Approved:      Disapproved:      Date:      By:     

Approved:      Disapproved:      Date:      By:     

**RISK REVIEW NOT REQUIRED**

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

#### Department:

Approved:      Disapproved:      Date:      By:     

Approved:      Disapproved:      Date:      By:

Purchasing Contract No: 525 - m1010  
Index Code: 419100

## CONTRACT ROUTING SHEET

Date Prepared: 7/27/12

Need Date: 8/3/12

### PROCESSING DEPARTMENT:

Department: HHSA / Mental Health  
Dept. Contact: Kathy Lang  
Phone #: X7147  
Department Head Signature: [Signature]  
Daniel Nielson, M.P.A., Director

### CONTRACTOR:

Name: CA Dept Health Care Svcs  
Address: PO Box 997436, MS 4504  
Sacramento, CA 95899-7436  
Phone: \_\_\_\_\_

### CONTRACTING DEPARTMENT: Health and Human Services Agency - MHD

Service Requested: Agmt with CA DHCS to ensure DHCS receives federal financial participation  
Contract Term: 2/1/10 - perpetual Contract Value: Not specified  
Compliance with Human Resources requirements? Yes \_\_\_\_\_ No: x  
Compliance verified by: Not Applicable

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

Approved: X Disapproved: \_\_\_\_\_ Date: 7/30/12 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Could not locate definitions referenced - please confirm applicability; please incorporate proposed revisions and include "No Waiver" and "No Third Party"  
Dme 8/8/12 K. [Signature]

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

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

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

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

[Signature] 7-26-12  
Contracts Review/date

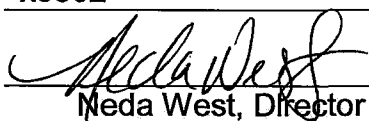
[Signature] 7/26/12  
Contracts Manager/date  
**D. Stack**

# CONTRACT ROUTING SHEET

Date Prepared: January 15, 2010

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: Health Svcs Dept – PH Div.  
Dept. Contact: Kathy Lang  
Phone #: x6362  
Department  
Head Signature:   
Neda West, Director

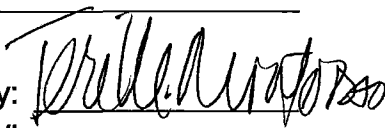
**CONTRACTOR:**

Name: Calif Dept of Justice  
Address: PO Box 903417  
Sacramento, CA 94203  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health Services Department – Public Health Division

Service Requested: Application to participate in fingerprint/background checks on EMTs  
Contract Term: 7/1/10 - ongoing Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes ☐ No: ☒  
Compliance verified by: Other

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

Approved: ☒ Disapproved: \_\_\_\_\_ Date: 2/24/10 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

- Request packet OK - I don't see any legal issues presented by it.  
- Changes to Resolution are suggested

EL DORADO COUNTY COUNSEL  
2010 MAR -9 PM 3:25

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

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

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

# CONTRACT ROUTING SHEET

Date Prepared: 6/1/10  
May 18, 2010

Need Date: 6-15-10

## PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health

Dept. Contact: Kathy Lang

Phone #: x6362

Department: \_\_\_\_\_

Head Signature: Neda West

(Neda West, Director)

## CONTRACTOR:

Name: CA Office of Administrative Hearings

Address: 2349 Gateway Oaks Drive,  
Suite 200

Sacramento, CA 95833-4231

Phone: \_\_\_\_\_

## CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Hearings, mediations and alternative dispute resolution hearings - EMT  
disciplinary appeals

Contract Term: signature - 9-9-9999

Contract Value: \$20,000 FY2010-11

Compliance with Human Resources requirements? Yes ☒ No: ☐ Ⓟ

Compliance verified by: Feasibility Analysis Attached

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6/17/10 By: [Signature]

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

Pls. see attached confidential city-client memo. Thanks!

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6/17/10 By: [Signature]

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

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

Departments: \_\_\_\_\_

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

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

[Signature] 5-18-10  
Program Mgr / date

TK 5/20/10  
Finance / date

Valerie A. Brooker 5.24.10  
Contracts/Budgets ASO - Date

Contract #: CalHFA Subordinate  
Financing + Resale Agreement  
for first-time homebuyer  
Program

# CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**  
 Department: Human Services  
 Dept. Contact: Sharon Guth  
 Phone #: 642-4889  
 Department Head  
 Signature: [Signature]

**CONTRACTOR:**  
 Name: California Housing Finance Agency  
 Address: 1121 L Street, 7th Floor  
Sacramento, CA 95814  
 Phone: (916) 322-1349

**CONTRACTING DEPARTMENT:** Human Services - Community Services Division  
 Compliance with Human Resources requirements? Yes:     No:      
 Compliance verified by: N/A

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)  
 Approved: X Disapproved:     Date: 4/19/06 By: [Signature]  
 Approved:     Disapproved:     Date:     By:    

Approved as to form - same issue exists as  
 ID'd by Cisty - Q of MI or risk city wants to  
 assume being subord to CalHFA - this is not legal case  
 but policy issue for dept/BOS to analyze

ASSIGNMENT  
04/04/2006

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)  
 Approved: ✓ Disapproved:     Date: 4/21/06 By: [Signature]  
 Approved:     Disapproved:     Date:     By:    

APR 20 2006

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

Approved:     Disapproved:     Date:     By:      
 Approved:     Disapproved:     Date:     By:    

EL DORADO COUNTY COUNSEL  
 APR - 6 AM 04/4

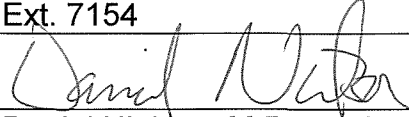
Contract #: 146-O1310  
Index Code: 403310

# CONTRACT ROUTING SHEET

Date Prepared: 01-22-2013

Need Date: 02-01-2013

## PROCESSING DEPARTMENT:

Department: HHSA/Public Health  
Dept. Contact: Zhana Mc Cullough  
Phone #: Ext. 7154  
Department Head Signature:   
Daniel Nielson, M.P.A., Director

## CONTRACTOR:

Name: CalStar  
Address: 4933 Bailey Loop  
Mc Clellan, CA 95652  
Phone:

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

Service Requested: MOU regarding emergency air ambulance transport  
Contract Term: 03/01/2013 – 09/09/9999 Contract/Grant Value: \$0  
Compliance with Human Resources requirements? Yes x No:  
Compliance verified by: N/A

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

Approved: ☒ Disapproved: ☐ Date: 1/24/13 By: Lisa Beck  
Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐  
Conditional approval - see mark up  
change title of article XIII; delete  
indemnity & put no indemnity provision  
01-28-2013  
Completed  
Bm

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: ☒ Disapproved: ☐ Date: 1/28/2013 By: Adams  
Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐


## 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.

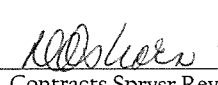
Departments:

Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐  
Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐

48:8 AM 13 JAN 25

 1-16-13  
PM Review/Date

 1/16/13  
CFO Review/Date

 1/17/13  
Contracts Sprvsr Review/Date

 1/17/13  
Contracts Mgr. Review/Date

## CONTRACT ROUTING SHEET

Date Prepared: 6/29/12Need Date: 7/16/12**PROCESSING DEPARTMENT:**Department: Chief Administrative OfficeDept. Contact: Terri KnowltonPhone #: 621-5571

Department

Head Signature: *Signature for Terri Knowlton***CONTRACTOR:**Name: City of PlacervilleAddress: 3101 Center StPlacerville CA 95667Phone: 530-642-5556**CONTRACTING DEPARTMENT:** Health & Human Services Agency – Health ServicesService Requested: Provide Animal Services to City of PlacervilleContract Term: July 1, 2012 until terminated Contract Value: \$100,022 (year 1)Compliance with Human Resources requirements? Yes: N/A No: Compliance verified by: **COUNTY COUNSEL:** (Must approve all contracts and MOU's)Approved: X Disapproved:  Date: 7/2/12 By: *Signature*Approved: X Disapproved:  Date: 7/2/12 By: *Signature*Recommend proposed revisionsI have a few questions re Exhibit C which I think will clarify the calculations (and hopefully avoid disputes at a later date).

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)Approved: ✓ Disapproved:  Date: 7-2-12 By: *Signature*Approved:  Disapproved:  Date:  By: *Signature***RISK MANAGER****EL DORADO COUNTY****OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).Departments: Approved:  Disapproved:  Date:  By: Approved:  Disapproved:  Date:  By: 

12 JUL - 9 PM 3:00

12 JUL - 9 PM 3:00

**CONTRACT ROUTING SHEET**Date Prepared: 10/2/08Need Date: 10/16/08**PROCESSING DEPARTMENT:**

Department: CAO Procurement & Contracts  
 Dept. Contact: Bonnie Rich  
 Phone #: X5940  
 Department: Bonnie Rich  
 Head Signature: Bonnie Rich

**CONTRACTOR:**

Name: Computer Works, Inc.  
 Address: 20 Corporate Woods Blvd.  
Albany, NY 12211  
 Phone: 800-692-7787

EL DORADO COUNTY COUNSEL  
 2008 OCT 10 PM 3:42

**CONTRACTING DEPARTMENT:** Mental HealthService Requested: Client tracking software maintenanceContract Term: Perpetual Contract Value: \$8,308.00Compliance with Human Resources requirements? Yes: N/A No: Compliance verified by: **COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved:  Disapproved: ✓ Date: 10-14-08 By: Gal...  
 Approved: ✓ Disapproved:  Date: 10-16-08 By: Ed...

*Please review compensation paragraph, and add compensation for new period.*

EL DORADO COUNTY COUNSEL  
 2008 OCT 10 PM 2:30

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved:  Date: 10/17/08 By: Collette  
 Approved:  Disapproved:  Date:  By:

RECEIVED  
 HUMAN RESOURCES  
 2008 OCT 17 AM 11:00

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

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

## CONTRACT ROUTING SHEET

Date Prepared: 4/20/06

Need Date: \_\_\_\_\_

## PROCESSING DEPARTMENT:

Department: CAO/Proc. & ContractsDept. Contact: Pam CarlonePhone #: 5833

Department: \_\_\_\_\_

Head Signature: Bonnie H. Rich

Bonnie H. Rich

## CONTRACTOR:

Name: Computer Works Inc.Address: 12 Corporate Woods Blvd.Albany, NY 12211Phone: 800-692-7787

2006 APR 21 PM 3:40

EL DORADO COUNTY COUNSEL

CONTRACTING DEPARTMENT: Mental HealthService Requested: HealthCare Tracking & Management System Software/MaintenanceContract Term: Perpetual Contract Value: \_\_\_\_\_

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

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

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

Approved: ✓ on condition not to exceed amount is included in Amendment III Disapproved: \_\_\_\_\_ Date: 4/24/06 By: Lucretia Ken

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

Need not to exceed amount in compensation provision Amendment III. Payment Schedule.ALPC  
4/25/06

ASSIGNMENT

4-24-06  
ATTORNEY J.K.  
INDEX NO. 026100

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 4/25/06 By: J. Codella

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

APR 25 2006

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

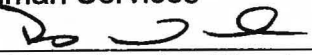
Departments: \_\_\_\_\_

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

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

# CONTRACT ROUTING SHEET

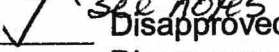

Date Prepared: 3-11-08Need Date: 4-1-08**PROCESSING DEPARTMENT:**

Department: Human Services  
 Dept. Contact: Shirley I. C. Hodgson  
 Phone #: 642-7268  
 Department: Human Services  
 Head Signature:   
Doug Nowka, Director

**CONTRACTOR:**

Name: Computrust Software Corp  
 Address: 18525 Sutter Blvd., Suite 280  
Morgan Hill, CA 95037  
 Phone: (408) 782-7470

**CONTRACTING DEPARTMENT:** Human ServicesService Requested: Amend Agreement to add 4 additional users in the Public Guardian Office.Contract Term: Perpetual Contract Value: \$14,254.00Compliance with Human Resources requirements? Yes: N/A No: Compliance verified by: **COUNTY COUNSEL:** (Must approve all contracts and MOU's)



Approved:  Disapproved:  Date: 4/17/08 By:   
 Approved:  Disapproved:  Date:  By:

ASSIGNMENT



4-17-08  
ATTORNEY  
DEPT INDEX NO. 53144  
BY: [Signature]  
Liability limited to amount of annual license fees  
Fees may be adjusted 1x per yr w 60 days notice  
One year automatic renewal provisions

Please call Shirley Hodgson at X7268 to pickup. Thank you!

**RISK MANAGEMENT:** (Must approve all contracts, MOU's and boilerplate grant agreements)

Approved:  Disapproved:  Date: 5/15/08 By:   
 Approved:  Disapproved:  Date:  By:

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).Departments: Information Technology

Approved:  Disapproved:  Date: 3/14/08 By:   
 Approved:  Disapproved:  Date:  By:

Please call Shirley Hodgson at X7268 to pickup and hand-carry to County Counsel. Thanks.

## CONTRACT ROUTING SHEET

Date Prepared: \_\_\_\_\_

Need Date: ~~Please Rush need by~~  
12/06/04

## PROCESSING DEPARTMENT:

Department: CAO/Procurement & ContractsDept. Contact: Bonnie H. RichPhone #: 5940

Department

Head Signature: Bonnie H. Rich

## CONTRACTOR:

Name: Computrust Software CorpAddress: 18525 Sutter Boulevard  
Suite 280Phone: 408-782-7470

## CONTRACTING DEPARTMENT:

Human Services/Public GuardianService Requested: Software, License, and InstallationContract Term: One year, auto renewal

Contract Value:

\$31,091

Compliance with Human Resources requirements?

Yes: \_\_\_\_\_

No: \_\_\_\_\_

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

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

Approved: ✓

Disapproved: \_\_\_\_\_

Date: 1/11/05By: Shirley Ken

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Comp Advance payment of usage fees (delete) travelPer diem fees for on site training etc. attach copy of Bd Policy 51CTGC reserves the right to require prepayment or advance deposit for  
services and/or expenses (delete)Fees may be adjusted 1X per year w 60 days notice - notify Bd  
liability limited to amount of annual license fees - notify BdExhibit B

Please Forward to Risk Management Thank You!

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

Approved: ✓

Disapproved: \_\_\_\_\_

Date: 1/12/05By: D. Chamy

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Please Call for Pick-up. Thank you!

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

See attached previously submitted blue route with Information Technologies' approval.

JAN 12 2005

# CONTRACT ROUTING SHEET

Date Prepared: 4/20/10  
April 16, 2010

Need Date: 4/29/10

## PROCESSING DEPARTMENT:

Department: Health Svcs Dept - PH Div.  
Dept. Contact: Kathy Lang  
Phone #: x6362  
Department Head Signature: [Signature]  
Neda West, Director

## CONTRACTOR:

Name: County Medical Services Prog.  
Address: P.O. Box 942732  
Sacramento, CA 94234  
Phone: \_\_\_\_\_

## CONTRACTING DEPARTMENT: Health Services Department - Public Health Division

Service Requested: Indigent Medical Coverage Program Est. based on FY10-11 budget  
Contract Term: 7/10/10 - 9/9/999 Contract Value: \$3,541,116.00  
Compliance with Human Resources requirements? Yes ☒ No ☐  
Compliance verified by: Other

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 4/30/10 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please note: Fully executed agmt due 6/11/10.  
On Board agenda for 5/25/10.

I see no legal issues or problems with this Agreement. County Counsel has not rec'd any phone calls from General Counsel staff, as flagged by you re: email attached from Lee Kemper. Pls. let me know if I can be of further assistance in this regard.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 4/30/10 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

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

[Signature] 4/19/10  
Program Mgr / date

[Signature]  
Finance / date

4/19/10

Contract Name: Memorandum of Understanding

Contract # 673-PHD1007

Budget Code: 403310

EL DORADO COUNTY

# CONTRACT ROUTING SHEET

2007 OCT 31 PM 3:42

## PROCESSING DEPARTMENT:

Department: Public Health  
Dept. Contact: Dan Buffalo  
Phone #: 621-6226  
Department Head Date: October 4, 2007  
Signature: [Signature]

## CONTRACTOR:

Name: County of San Joaquin  
Address: 500 W. Hospital Road  
Benton Hall, Room 47  
French Camp, CA 95231  
Phone: (209) 468-6818

## 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: [Signature] Disapproved:      Date: 10/25/07 By: [Signature]  
Approved:      Disapproved:      Date: 11/29/07 By: [Signature]

See comments on attached copy of agreement. Changes on  
pages 2-4 are required for approval.  
Please resubmit with attachments 1 & 2.

resubmitted:  
10/29/07

11/29/07: note this is perpetual agreement  
with automatic renewal. County  
costs for each year to be determined based  
on formula (no not-to-exceed amount). County  
also bound

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

Approved:      Disapproved:      Date: 12/3/07 By: [Signature]  
Approved:      Disapproved:      Date:      By:     

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


## DEPARTMENT:

Approved:      Disapproved:      Date:      By:       
Approved:      Disapproved:      Date:      By:     

Under this agreement  
County will make  
payments directly  
to San Joaquin  
County, which will  
make payments to  
vendor.

# CONTRACT ROUTING SHEET

Date Prepared: 6-12-08Need Date: 7-03-08**PROCESSING DEPARTMENT:**

Department: Human Services  
 Dept. Contact: Shirley I. C. Hodgson  
 Phone #: X7268  
 Department  
 Head Signature: 


**CONTRACTOR:**

Name: Creative Alternatives, Inc.  
 Address: 2855 Geer Road  
Turlock, CA 95382  
 Phone: (209) 668-9361

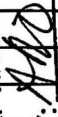
**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Foster care/group home services on an "as requested" basis.  
 Contract Term: Perpetual Contract Value: \$250,000  
 Compliance with Human Resources requirements? Yes: 4/24/08 No:   
 Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

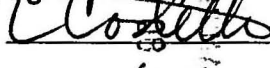
Approved: ✓ Disapproved:  Date: 6-18-08 By:   
 Approved:  Disapproved:  Date:  By:

*Note - perpetual agreement for NTS \$250K per year  
 Bob has delegated signature authority*

DATE: 6/17/2008  
 ATTORNEY: ED KAHN  
 DEPT. INDEX NO: 630620  
 BY: 

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved:  Date: 6/19/08 By:   
 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:  By:   
 Approved:  Disapproved:  Date:  By:

RECEIVED  
 HUMAN RESOURCES DEPT  
 JUN 19 PM 2:01

RECEIVED  
 HUMAN RESOURCES DEPT  
 JUN 19 PM 2:01

# CONTRACT ROUTING SHEET


Date Prepared: 6-12-08Need Date: 7-03-08**PROCESSING DEPARTMENT:**Department: Human ServicesDept. Contact: Shirley I. C. HodgsonPhone #: X7268

Department: \_\_\_\_\_

Head Signature: **CONTRACTOR:**Name: Crossroads Treatment Center, Inc.Address: 6060 Sunrise Vista Dr #110  
Citrus Heights, CA 95610Phone: (916) 729-2721


EL PASO COUNTY COUNSEL  
JUN 12 PM 3:40  
*Carla Smith*

**CONTRACTING DEPARTMENT:** Human ServicesService Requested: Foster care/group home services on an "as requested" basis.Contract Term: Perpetual Contract Value: \$250,000Compliance with Human Resources requirements? Yes: 4/24/08 No: \_\_\_\_\_Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6-18-08 By:   
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_


*Note - perpetual agreement NTS \$ 250k/yr.  
 CoS has delegated signature authority*

ASSIGNMENT

DATE 6/17/08  
 ATTORNEY HR  
 DEPT./INDEX NO. 530501  
 BY: 

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6/19/08 By:   
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
 HUMAN RESOURCES DEPT  
 JUN 19 PM 2:01

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: \_\_\_\_\_ By: \_\_\_\_\_

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

# CONTRACT ROUTING SHEET

Date Prepared: 10-21-10Need Date: 11-10-10**PROCESSING DEPARTMENT:**

Department: Human Services  
 Dept. Contact: Shirley I. C. Hodgson  
 Phone #: X7268  
 Department  
 Head Signature: *Shirley I. C. Hodgson*

**CONTRACTOR:**

Name: Devereux Cleo Wallace  
 Address: 8405 Church Ranch Blvd.  
Westminster, CO 80021  
 Phone: 303 639 1716

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Foster care/group home services on an "as requested" basis  
 Contract Term: 8-1-10 - Perpetual Contract Value: \$125,000.00  
 Compliance with Human Resources requirements? Yes: 10-15-10 No: 10-15-10  
 Compliance verified by: Mike Strella of H.R.

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

Approved: ☒ Disapproved: ☐ Date: 10-26-10 By: *Shirley I. C. Hodgson*  
 Approved: ☐ Disapproved: ☐ Date: 10-26-10 By: *Shirley I. C. Hodgson*

*Please obtain corporate authorization for execution of contract to sign contracts - Done 10-29-10 SH*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ☒ Disapproved: ☐ Date: 10/27/10 By: *Shirley I. C. Hodgson*  
 Approved: ☐ Disapproved: ☐ Date: 10/27/10 By: *Shirley I. C. Hodgson*

Please call Shirley Hodgson at x7268 to pick up. Thanks.

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

Departments: \_\_\_\_\_

Approved: ☐ Disapproved: ☐ Date:            By:             
 Approved: ☐ Disapproved: ☐ Date:            By:

CONTRACT DESCRIPTION: CSA #7 MEDICAL RETIREMENT  
AND INDIVIDUAL AL DISABILITY AGREEMENTS

ASSIGNMENT

DATE: 4-28-97

ATTORNEY PEB 406000

DEPT./INDEX NO. 406000

BY: \_\_\_\_\_

CONTRACT NUMBER (3 CONTRACTS)

## CONTRACT ROUTING SHEET

SUBMITTED BY:

DEPARTMENT PUBLIC HEALTH

CONTACT PERSON CAROL SUNN

CONTACT PHONE # 6226

CONTRACTOR:

1. DIAMOND SPRINGS / EL DORADO FIRE PROT. DIST  
2. GEORGETOWN FIRE PROTECTION DISTRICT  
NAME 3. EL DORADO COUNTY FIRE PROTECTION DISTRICT

ADDRESS

1. 636-3190 ROBERT THACHER  
2. 333-4111 DALE GEORGE  
PHONE # 3. 644-9630 FRANK RUCKMAN

1. ORIGINATING DEPT

☐ HAZARDOUS-ROUTE TO RISK MGT.

☒ NON-HAZARDOUS-ROUTE TO COUNTY COUNSEL

BY: 04-28-97 Carol Sunn

DATE: 04-28-97

2. COUNTY COUNSEL REVIEW

☐ DISAPPROVED

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

☒ APPROVED

BY: Josh Beck

DATE: 4/28/97

COMMENTS: SUBJECT TO ATTACHMENT  
OF referenced exhibit

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

Resubmitted 8/24/11

Internal Contract No: 049-162-B-E2010

Purchasing Contract No:

Index Code: 401111

EL DORADO COUNTY COUNSEL

# CONTRACT ROUTING SHEET

Date Prepared: November 18, 2010

Need Date: 12-13-10

## PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health

Dept. Contact: Kathy Lang x 6362

2nd Contact: Tom Michaelson

Department:

Head Signature:   
Neda West, Director

## CONTRACTOR:

Name: El Dorado County Office of Education

Address: 6767 Green Vly Rd  
Placerville, CA 95667

Phone:

## CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Collaborative agmt to lease facilities for various HSD activities

Contract Term: On signature for 3 yrs

Contract Value: \$7,500.00

Compliance with Human Resources requirements?

Yes ☒

No: ☐

Compliance verified by: Feasibility Analysis Attached

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

Approved: ☒ Disapproved: ☐ Date: 1/19/11

By: 

Approved: ☒ Disapproved: ☐ Date: 6/13/11

By: 

Resubmitted 5/26/11 - K. Lang - Return to Dept - LDCOE's Counsel is alternate draft does not have adequate scope or payment terms; FERPA does not apply

Revised + resubmitted 6/9/11 - R

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ☒ Disapproved: ☐ Date: 1/20/11

By: 

Approved: ☒ Disapproved: ☐ Date: 6/14/11

By: 

Revised / resubmitted to Counsel 8/24/11 R

approved TCB  
8/6/11

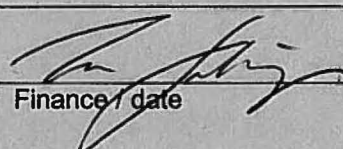
## OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract)

Departments:

Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐

Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐

Program Manager  11/23/10

Finance  11/29/10

Contract Name ACCEL Enrollment MOU

Contract # None

Budget Code 405210

## CONTRACT ROUTING SHEET

### PROCESSING DEPARTMENT:

Department: Public Health

Dept. Contact: Carol Dunn

Phone #: 621-6226

Department Head Date: May 18, 2005

Signature: [Signature]

### CONTRACTOR:

Name: El Dorado County Office of Education

Address: 6767 Green Valley Road

Placerville, CA 95667

Phone: (530) 295-2291

### CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes: X No:     

Compliance verified by: No funding – identification of roles, only

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

Approved:      Disapproved:      Date: 5/26/05 By: [Signature]

Approved:      Disapproved:      Date:      By:     

OK as submitted via e-mail 6/1/05 email version being processed (chd)

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

Approved:      Disapproved:      Date: 5-31-5 By: [Signature]

Approved:      Disapproved:      Date:      By:     

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

#### Department(s):

Approved:      Disapproved:      Date:      By:     

Approved:      Disapproved:      Date:      By:



Carol B Dunn/PV/EDC

06/01/2005 02:07 PM

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 ACCEL 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

# CONTRACT ROUTING SHEET

Date Prepared: 9-3-08Need Date: 9-19-08**PROCESSING DEPARTMENT:**

Department: Human Services  
 Dept. Contact: Shirley I. C. Hodgson  
 Phone #: X7268  
 Department Head Signature: [Signature]

**CONTRACTOR:**

Name: Excelsior Youth Centers, Inc  
 Address: 15001 E. Oxford Avenue  
Aurora, CO 80014  
 Phone: (303) 693-1550

**CONTRACTING DEPARTMENT:** Human ServicesService Requested: Foster care/group home services on an "as requested" basis.Contract Term: Perpetual Contract Value: \$250,000 (Annually)Compliance with Human Resources requirements? Yes: 4/24/08 No: [Signature]Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved: [Signature] Disapproved: [Signature] Date: 10/24/08 By: [Signature]  
 Approved: [Signature] Disapproved: [Signature] Date: [Signature] By: [Signature]

Contains 7-day termination w/o cause by County  
All other agreements require BOS approval and  
also the contract exceeds purchasing  
authority for signature by Bonnie Rich alone.  
without BOS delegation of authority  
\* See also handwritten comments on attached  
copy of agreement unique to out of state  
agreements

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [Signature] Disapproved: [Signature] Date: 10/28/08 By: [Signature]  
 Approved: [Signature] Disapproved: [Signature] Date: [Signature] By: [Signature]

Please call Shirley Hodgson at 7268 to pick up. Thanks.

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract)Departments: [Signature]

Approved: [Signature] Disapproved: [Signature] Date: [Signature] By: [Signature]  
 Approved: [Signature] Disapproved: [Signature] Date: [Signature] By: [Signature]

RECEIVED  
 HUMAN RESOURCES DEPT  
 OCT 28 AM 8:51

# CONTRACT ROUTING SHEET

Date Prepared: 6-12-08Need Date: 7-03-08**PROCESSING DEPARTMENT:**Department: Human Services**CONTRACTOR:**Name: Families for Children Treatment  
Respite Care, Foster Care dba  
Families for ChildrenAddress: 2990 Lava Ridge Ct., #170  
Roseville, CA 95661Phone: (916) 789-8688Dept. Contact: Shirley I. C. HodgsonPhone #: X7268

Department

Head Signature: **CONTRACTING DEPARTMENT:** Human ServicesService Requested: Foster care/group home services on an "as requested" basis.Contract Term: PerpetualContract Value: \$250,000

Compliance with Human Resources requirements?

Yes: 4/24/08No: Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)**COUNTY COUNSEL:** (Must approve all contracts and MOU's)Approved: ☒Disapproved: Date: 6-17-08By: Approved: Disapproved: Date: By: 

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)Approved: ☒Disapproved: Date: 6/17/08By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: 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: By:

# CONTRACT ROUTING SHEET

Date Prepared: 6-12-08Need Date: 7-03-08**PROCESSING DEPARTMENT:**Department: Human Services**CONTRACTOR:**Name: Family Connections Christian AdoptionsAddress: 1120 Tully Road  
Modesto, CA 95350Phone: (209) 524-8844Dept. Contact: Shirley I. C. HodgsonPhone #: X7268

Department

Head Signature: **CONTRACTING DEPARTMENT:** Human ServicesService Requested: Foster care/group home services on an "as requested" basis.Contract Term: Perpetual Contract Value: \$250,000Compliance with Human Resources requirements? Yes: 4/24/08 No: Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)**COUNTY COUNSEL:** (Must approve all contracts and MOU's)Approved: ✓ Disapproved:  Date: 6-18-08 By: GA/Kum  
Approved:  Disapproved:  Date:  By: *Note - perpetual agreement NTE 250/10/yr*

ASSIGNMENT


DATE 6/17/08ATTORNEY ED KAWADEPT./INDEX NO. 7268BY: GA

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)Approved: ✓ Disapproved:  Date: 6/19/08 By: Costello  
Approved:  Disapproved:  Date:  By: RECEIVED  
HUMAN RESOURCES DEPT  
JUN 19 PM 2:01Please 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:  By:   
Approved:  Disapproved:  Date:  By:

# CONTRACT ROUTING SHEET

Date Prepared: 6-11-08Need Date: 7-2-08**PROCESSING DEPARTMENT:**


Department: Human Services  
 Dept. Contact: Shirley I. C. Hodgson  
 Phone #: X7268  
 Department  
 Head Signature: 

**CONTRACTOR:**

Name: Family Life Center  
 Address: 365 Kuck Lane  
Petaluma, CA 94952  
 Phone: (707) 795-6954

*County mail*

**CONTRACTING DEPARTMENT:** Human ServicesService Requested: Foster care/group home services on an "as requested" basis.Contract Term: Perpetual Contract Value: \$250,000Compliance with Human Resources requirements? Yes: 4/24/08 No: Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved: ✓ Disapproved:  Date: 6-16-08 By:   
 Approved:  Disapproved:  Date:  By:

*\* Note: perpetual agreement NTE 250k per year*

ASSIGNMENT

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved:  Date: 6/17/08 By:   
 Approved:  Disapproved:  Date:  By:

RECEIVED  
 HUMAN RESOURCES DEPT  
 08 JUL 16 PM 4:26

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:  By:   
 Approved:  Disapproved:  Date:  By:

# CONTRACT ROUTING SHEET

Date Prepared: 6-12-08Need Date: 7-03-08**PROCESSING DEPARTMENT:**



Department: Human Services  
 Dept. Contact: Shirley I. C. Hodgson  
 Phone #: X7268

**CONTRACTOR:**

Name: Gateway Residential Programs  
 Address: 1780 Vernon Street, Suite 1  
Roseville, CA 95678 (Mailing:  
P.O. Box 2258, Fair Oaks, CA  
95628)  
 Phone: (916) 782-1111

Department


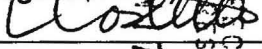
Head Signature: **CONTRACTING DEPARTMENT:** Human ServicesService Requested: Foster care/group home services on an "as requested" basis.Contract Term: Perpetual Contract Value: \$250,000Compliance with Human Resources requirements? Yes: 4/24/08 No: Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved:  Disapproved:  Date: 6-17-08 By:   
 Approved:  Disapproved:  Date:  By:

Notes: - perpetual agreement for \$250k per year;  
 - signature authority delegated by BOS

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved:  Date: 6/17/08 By:   
 Approved:  Disapproved:  Date:  By:

RECEIVED  
 HUMAN RESOURCES DEPT  
 06/17/08 PM 4:20

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:  By:   
 Approved:  Disapproved:  Date:  By:

Contract #: 210-S1210, A2  
Index Code: 531210

# CONTRACT ROUTING SHEET

Date Prepared: 2/19/13

Need Date: ASAP

## PROCESSING DEPARTMENT:

Department: HHS/CS  
Dept. Contact: Amy Higdon  
Phone #: x4836  
Department  
Head Signature: Daniel Nielson  
Daniel Nielson, M.P.A., Director

## CONTRACTOR:

Name: HAPPY Software  
Address: 11 Federal Street  
Saratoga Springs, NY 12866  
Phone:

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

Service Requested: HAPPY Software services  
Contract Term: 10/19/11-ongoing Contract/Grant Value:  
Compliance with Human Resources requirements? N/A Yes x No:  
Compliance verified by: Mike Strella

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

Approved: Conditional Disapproved: Date: 3/7/13 By: Josh Beck  
Approved: upon Disapproved: Date: By:

changes:  
Delete: "Terms and conditions subject to change"  
at bottom of Exh D

modify "Terms & Conditions" on page 2 of  
Exhibit D to delete that a change can be  
made at any time & replace of provision that Happy  
must give you notice of change no later than 60 days  
to renewal date which allows you to cancel contract if necessary

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: ✓ Disapproved: Date: 3/7/13 By: km  
Approved: Disapproved: Date: By:

## 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: Information Technologies

Approved: ✓ Disapproved: Date: 4-4-13 By: Keegan B  
Approved: Disapproved: Date: By:

AS to form - memo with recommendations attached.

Mark A. Runtz  
PM Review/Date

Kenneth C. Carr  
CFO Review/Date

Walter J. 2/20/13  
Contracts Supe Review/Date

Cynthia K. 2/21/13  
Contracts Mgr. Review/Date



## **El Dorado County Information Technologies**

---

**Kelly Webb  
Acting Director**

Address: 360 Fair Lane  
Placerville, CA 95667  
Voice (530) 621-5450  
Fax (530) 295-2512

April 4, 2013

To: Health & Human Services Department

From: Kelly Webb

A handwritten signature in cursive script that reads "Kelly Webb".

RE: Contract #514-S1211  
Response to Contract Routing Sheet

Information Technologies has reviewed the above referenced contract and noted approval on the Blue Contract Routing Sheet with the following comments:

- As to form only based on technical specifications noted in the agreement.
- Information Technologies has not evaluated the effectiveness of how the software manages Section 8 Housing and Public Housing programs. The software has been in place for several years for this purpose.
- Information Technologies recommends that the HAPPY software be evaluated from a finance perspective for integration with the Enterprise Resource Planning (ERP) system. Information on the vendor web-site suggests that this software can be integrated for payments, receivables, direct deposit and 1099 processing, and fiscal processing with other programs.
- The agreement is perpetual, however, it noted that there is a fiscal out clause that allows the County to terminate the agreement in the event a different solution presents itself through the ERP evaluation.

*"The commitment of the Information Technologies staff is to deliver creative, practical solutions and services in support of the current and future technological needs of El Dorado County."*

Contract Name: 340B Prime Vendor Participation Agreement

Contract # None

Budget Code: 403111

## CONTRACT ROUTING SHEET

### PROCESSING DEPARTMENT:

Department: Public Health  
Dept. Contact: Dan Buffalo  
Phone #: 621-6226  
Department Head Date: February 26, 2007  
Signature: Danle Whiteham

### CONTRACTOR:

Name: Healthcare Purchasing Partners, LLC  
Address: 125 East John Carpenter Freeway  
Irving, TX 75062-2324  
Phone: (888) 340-2787

### 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: X Date: 3-6-07 By: RC Suddeth  
Approved: X Disapproved:        Date: 3/24/07 By: RC Suddeth

*unclear purpose of this agreement.  
underlying documentation may be helpful.  
does not meet County standard requirements.*  
*Thank for info*  
*resubmitted 3/21/07  
- background documentation  
included per request*

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

Approved:        Disapproved:        Date:        By:         
Approved:        Disapproved:        Date:        By:       

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

#### DEPARTMENT:

Approved:        Disapproved:        Date:        By:         
Approved:        Disapproved:        Date:        By:

**CONTRACT ROUTING SHEET****Date Prepared:** 6-12-08**Need Date:** 7-03-08**PROCESSING DEPARTMENT:**Department: Human Services**CONTRACTOR:**Name: Hillcrest Community Services,  
Inc. dba Wilderness Recovery  
CenterDept. Contact: Shirley I. C. HodgsonPhone #: X7268Address: 19650 Cove Road  
Redding, CA 96099 (Mailing  
P.O. Box 993125)Phone: (530) 244-3806

Department

Head Signature: **CONTRACTING DEPARTMENT:** Human ServicesService Requested: Foster care/group home services on an "as requested" basis.Contract Term: PerpetualContract Value: \$250,000Compliance with Human Resources requirements? Yes: 4/24/08 No: Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)**COUNTY COUNSEL:** (Must approve all contracts and MOU's)Approved: ✓ Disapproved:  Date: 6-17-08 By: Approved:  Disapproved:  Date:  By: 

ASSIGNMENT

DATE

ATTORNEY

DEPT./INDEX NO.

BY:

Notes - perpetual contract at 250k per year  
- delegated signature authority

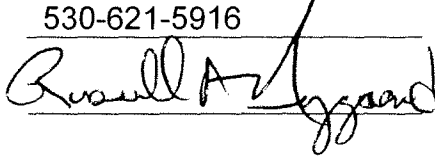
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)Approved: ✓ Disapproved:  Date: 6/17/08 By: 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:  By: Approved:  Disapproved:  Date:  By:

Item Submitted: Human Services Additional Parking Lot Agreement

## CONTRACT ROUTING SHEET

### PROCESSING DEPARTMENT:

Department: Transportation  
Dept. Contact: \_\_\_\_\_  
Phone: Russell Nygaard  
Department Head: 530-621-5916  
Signature: 

### CONTRACTOR:

Name: Russell M. Hitomi Trustee  
Peggy Eichhorn  
Address: 2196 Lake Tahoe Blvd  
S Lake Tahoe 96150  
Phone: 530-542-5521

EL DORADO COUNTY COUNSEL  
2011 FEB 10 AM 11:45

### CONTRACTING DEPARTMENT: Transportation


Service Requested: Review and Approval Parking Lot Agreement

Contract Term: Month to Month Contract/Amendment Amount: \$0

Compliance with Human Resources Requirements? Yes: X No: \_\_\_\_\_

Compliance verified by: Contract Notification Sent \_\_\_\_\_; HR Response Received \_\_\_\_\_  
OK per \_\_\_\_\_

### COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: ☒ Disapproved: \_\_\_\_\_ Date: 2/10/11 By: D. LIVINGSTON   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

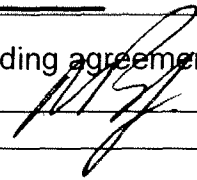
\* NOTE MUTUAL INDEMNITY.

Please forward to Risk Management to provide a letter of self insurance to Lessor as per their request.

Index Code: 301313

User Code: \_\_\_\_\_

### RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

Approved: ☒ Disapproved: \_\_\_\_\_ Date: 2/10/11 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Department(s): \_\_\_\_\_

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

81:43:01 01/02/11

# CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**Department: Public HealthDept. Contact: Carol DunnPhone #: 621-6226Department Head Date: October 15, 2004Signature: [Signature]**CONTRACTOR:**Name: Laboratory Corporation of AmericaAddress: 430 South Spring StreetBurlington, NC 27215Phone: (800) 765-2755**CONTRACTING DEPARTMENT:** Public HealthCompliance with Human Resources requirements? Yes: X No:Compliance verified by: N/A - use of free software**COUNTY COUNSEL:** (Must approve all contracts and MOU's)Approved: [initials] Disapproved: [initials] Date: 1/16/05 By: [Signature]Approved: [initials] Disapproved: [initials] Date: 2/03/05 By: [Signature]10/28 JC to C Councilchange K-L from of state 1 A1-1/2 of state of 1/11o will request further of 12 1/2Delivery State License and further for usAgreement 1/3 Vendor will take out reference to remain1/16/05 Refuse for revised contract 3rd1-7-05 Revised Contract submitted Cps**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)Approved: [initials] Disapproved: [initials] Date: 2/14/05 By: [Signature]Approved: [initials] Disapproved: [initials] Date: [initials] By: [Signature]Note: \* County agrees to defend, indemnify hold harmlessfor misuse of software. Contractor indicates they will notbe coming to CA to inspect so risks associated withdoing so are minimal2/14/05 No ins reg's due to Vendor's equip. being used inCounty's Facility. [Signature](stand-alone computer)**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract.)[Signature][Signature][Signature][Signature][Signature][Signature][Signature][Signature][Signature][Signature][Signature][Signature][Signature][Signature][Signature]

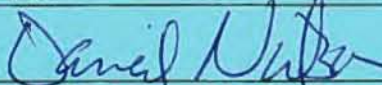
Purchasing Contract No: 162-S1310  
Index Code: 403310

# CONTRACT ROUTING SHEET

Date Prepared: 11/9/12

Need Date: 11/23/12

## PROCESSING DEPARTMENT:

Department: HHSA / Public Health  
Dept. Contact: Kathy Lang  
Phone #: X7147  
Department Head Signature:   
Daniel Nielson, M.P.A., Director

## CONTRACTOR:

Name: Lancet Technology, Inc.  
Address: 123 South Street, 3<sup>rd</sup> Floor  
Boston, MA 02111  
Phone:

## CONTRACTING DEPARTMENT: Health and Human Services Agency - PHD

Service Requested: Trauma Registry software license and support  
Contract Term: On signature - perpetual  
Contract Value: \$15,468  
Compliance with Human Resources requirements? Yes ☒ No: ☐  
Compliance verified by: Feasibility Analysis attached

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

Approved: Condit Disapproved: \_\_\_\_\_ Date: 11/19/12 By: Leah Bell  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Kathy: please make changes as marked  
Changes completed 11/26/12 K. Lang

## Please forward to:

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

Approved: ☒ Disapproved: \_\_\_\_\_ Date: 11/20/12 By: Adams  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

## OTHER APPROVAL: Information Technology staff

Departments: \_\_\_\_\_  
Approved: ☒ Disapproved: \_\_\_\_\_ Date: 11/1/12 By: Kelly Webb  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

SH 9-18-12  
Contracts Review/date

Rynda Webb 11/7/12  
Contracts Mgr Review/date

Assigned to: Ed Knapp  
Contract #: 425-S0911

## CONTRACT ROUTING SHEET

Date Prepared: 10-22-08

Need Date: 11-13-08

### PROCESSING DEPARTMENT:

Department: Human Services  
Dept. Contact: Shirley I. C. Hodgson  
Phone #: 7268  
Department Head Signature: [Signature]

### CONTRACTOR:

Name: Lincoln Child Center  
Address: 4368 Lincoln Avenue  
Oakland, CA 94602  
Phone: 510 531 3111

RECEIVED  
HUMAN RESOURCES DEPT  
08 OCT 28 AM 8:51  
[Signature]

### CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group homes services on an "as requested" basis.

Contract Term: No stated term Contract Value: \$250,000.00

Compliance with Human Resources requirements? Yes:            No:           

Compliance verified by:           

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

Approved: ✓ Disapproved:            Date: 10-24-08 By: [Signature]  
Approved:            Disapproved:            Date:            By:           

Department should seek Board authorization for purchasing Agent to sign contract

RECEIVED  
HUMAN RESOURCES DEPT  
08 OCT 28 AM 8:51

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved:            Date: 10/28/08 By: [Signature]  
Approved:            Disapproved:            Date:            By:           

Please call Shirley Hodgson at x7268 to pick up. Thanks.

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

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

# CONTRACT ROUTING SHEET

Date Prepared: 6-12-12Need Date: 6-26-12**PROCESSING DEPARTMENT:**

Department: Health & Human Svc, SSD  
 Dept. Contact: Shirley I. C. Hodgson  
 Phone #: X6262  
 Department  
 Head Signature: *Shirley I. C. Hodgson*

**CONTRACTOR:**

Name: Live Violence Free  
 Address: 2941 Lake Tahoe Blvd.  
South Lake Tahoe, CA 96150  
 Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency, Social Services DivisionService Requested: Operational agreementContract Term: Perpetual Contract Value: \$0.00Compliance with Human Resources requirements? Yes: n/a No: \_\_\_\_\_Compliance verified by: n/a**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 7/3/12 By: *ZBL*  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Is this just for the name change? If so, you should terminate the old contract, unless it expired. ~~Done 8/1/12~~ Done 8/1/12*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 7-5-12 By: *[Signature]*  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**RISK MANAGER****EL DORADO COUNTY**

*Please write Additional Insured Endorsement TO READ:  
 EL DORADO COUNTY, its officers, officials, agents, volunteers...*

*Also, contract expires 6/30/12 - Please update. - Done 7-13-12*

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

Departments: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: 10-6-99

Contract #: \_\_\_\_\_

ATTORNEY VJF

DEPT./INDEX NO. 213100

# CONTRACT ROUTING SHEET

BY: **PROCESSING DEPARTMENT:**

Department: Mental Health

Dept. Contact: Marian Dean

Phone #: 6302

Department Head

Signature: Kathleen Burne

**CONTRACTOR:**

Name: Marshall Hospital

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** N/A

Compliance with Human Resources requirements? Yes: ☐ No: ☒

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

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

Approved: ☒ Disapproved: ☐

Date: 1/19/99

By: C. Finucane

Approved: ☐ Disapproved: ☐

Date: \_\_\_\_\_

By: \_\_\_\_\_

Pending changes at page 5 of agreement

done 10/20/99  
MJD

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

Approved: ☒ Disapproved: ☐

Date: 10/20/99

By: Andy Green

Approved: ☐ Disapproved: ☐

Date: \_\_\_\_\_

By: \_\_\_\_\_

**OTHER APPROVAL** (Specify department(s) participating or directly affected by this contract). Department(s): \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_


Internal Contract No: 082-092-P-N2011  
Purchasing Contract No: \_\_\_\_\_  
Index Code: 405280

# CONTRACT ROUTING SHEET

<sup>17</sup>  
Date Prepared: January 10, 2011

Need Date: 3/3/11

## PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health  
Dept. Contact: Kathy Lang x 6362  
2<sup>nd</sup> Contact: Tom Michaelson  
Department  
Head Signature:   
Neda West, Director


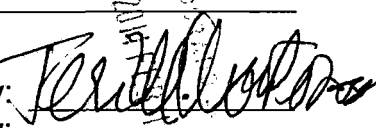
## CONTRACTOR:

Name: Marshall Medical Center  
Address: 1100 Marshall Way  
Placerville, CA 95667  
Phone: \_\_\_\_\_

## CONTRACTING DEPARTMENT: Health Services Department

Service Requested: MOU to participate in the Care Pathways program of ACCEL  
Contract Term: on signature - 9/9/9999 Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes ☒ No: ☐  
Compliance verified by: Other

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



Approved:  Disapproved: 3/3/11 Date: 3/3/11 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Pls. see attached confidential atty-client memo.

noted

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

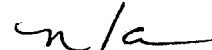
## RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved:  Disapproved: \_\_\_\_\_ Date: 3/3/11 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

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

 1/12/11  
Program Manager / date

  
Finance / date

Internal Contract No: 538-PHD0706,  
A-1

Purchasing Contract No: requested

Index Code: 403210

# CONTRACT ROUTING SHEET

Date Prepared: January 2, 2009

Need Date: 2/2/09

## PROCESSING DEPARTMENT:

Department: Health Svcs Dept – PH Div.

Dept. Contact: Kathy Lang

Phone #: 621-6362

Department

Head Signature: [Signature]  
Neda West, Director

## CONTRACTOR:

Name: Marshall Medical Center

Address: 1100 Marshall Way

Placerville, CA 95667

Phone: \_\_\_\_\_

## CONTRACTING DEPARTMENT: Health Services Department – Public Health Division

Service Requested: County provides misc testing services through HSD-PHD laboratory

Contract Term: perpetual

Contract Value: \$0.00

Compliance with Human Resources requirements? Yes ☐ No: ☒

Compliance verified by: N/A - Incoming Funding

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

Approved: ☒

Disapproved: \_\_\_\_\_

Date: 4/2/09

By: [Signature]

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Dme  
DR

- See notes regarding recommended changes for clarification.

- Accompanied by Request for Advice  
considered by committee dated 4/2/09

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ☒

Disapproved: \_\_\_\_\_

Date: 4/3/09

By: [Signature]

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

RECEIVED  
HHS RESOURCES DEPT  
APR -3 PM 4:27

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_


By: \_\_\_\_\_

## CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

## PROCESSING DEPARTMENT:

Department: Human Services  
 Dept. Contact: Shirley I. C. Hodgson  
 Phone #: X7268  
 Department  
 Head Signature: 


## CONTRACTOR:

Name: Martin's Achievement Place  
 Address: 5240 Jackson Street  
 North Highlands, CA 95660  
 Phone: (916) 338-1001

## CONTRACTING DEPARTMENT: Human Services


Service Requested: Foster care/group home services on an "as requested" basis  
 Contract Term: Perpetual Contract Value: \$250,000  
 Compliance with Human Resources requirements? Yes: 4-24-08 No:  
 Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: ☒ Disapproved: ☐ Date: 6-17-08 By:   
 Approved: ☐ Disapproved: ☐ Date:  By:

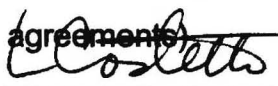
*Note - perpetual grant NTE \$250k/yr  
 - Signature Authority delegated by Res*

ASSIGNMENT

DATE: 6/13/2008  
 ATTORNEY:   
 DEPT/INDEX NO: 530500  
 BY: 

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ☒ Disapproved: ☐ Date: 6/17/08 By:   
 Approved: ☐ Disapproved: ☐ Date:  By:

RECEIVED  
 HUMAN RESOURCES DEPT  
 06 JUN 17 PM 4:20

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: \_\_\_\_\_ 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 DEPARTMENT:**

Department: Health Services Department

Dept. Contact: Kathy Lang

Phone #: 621-6362

Department: \_\_\_\_\_

Head Signature: Neda West  
Neda West, Director

**CONTRACTOR:** Please Rush

Name: Medical Priority Consultants dba

Priority Dispatch Corp.

Address: 139 E. South Temple, Suite 500

Salt Lake City, UT 84111

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Public Health

Service Requested: EMS software license, support & maintenance

Contract Term: Perpetual

Contract Value: \$12,550

Compliance with Human Resources requirements? Yes: x No: \_\_\_\_\_

Compliance verified by: Feasibility Analysis attached.

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1/8/09 By: Phyllis B. Horne

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 2/5/09 By: Phyllis B. Horne

*Note this a perpetual agreement continuing in effect unless ~~terminated~~ terminated.*

*2/5 Resubmitted for approval of changes made by vendor after RMs review*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1/8/09 By: Christelle

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

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


Departments: \_\_\_\_\_

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

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

# CONTRACT ROUTING SHEET

Date Prepared: 6-11-08Need Date: 7-2-08**PROCESSING DEPARTMENT:**


Department: Human Services  
 Dept. Contact: Shirley I. C. Hodgson  
 Phone #: X7268  
 Department  
 Head Signature: 

**CONTRACTOR:**

Name: Milhous Children's Services, Inc.  
 Address: 24077 Highway 49  
Nevada City, CA 95959  
 Phone: (530) 265-9057

*County mail*

**CONTRACTING DEPARTMENT:** Human ServicesService Requested: Foster care/group home services on an "as requested" basis.Contract Term: Perpetual Contract Value: \$250,000Compliance with Human Resources requirements? Yes: 4/24/08 No: Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)**COUNTY COUNSEL:** (Must approve all contracts and MOU's)


Approved: ✓ Disapproved:  Date: 6-16-08 By:   
 Approved:  Disapproved:  Date:  By:

*\* note - perpetual agreement NTR 250K/yr.*

ASSIGNMENT  
 6/11/08  
 CLK  
 T. J. WILKINS  
 530-265-9057  
 JR

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved:  Date: 6/17/08 By:   
 Approved:  Disapproved:  Date:  By:

RECEIVED  
 HUMAN RESOURCES DEPT  
 JUN 16 PM 4:26

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:  By:   
 Approved:  Disapproved:  Date:  By:

## CONTRACT ROUTING SHEET

Date Prepared: 1-06-09

Need Date: 1-23-09

## PROCESSING DEPARTMENT:

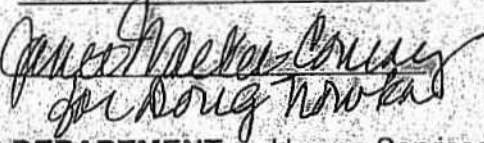
Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department

Head Signature:



## CONTRACTOR:

Name: New Millennium Contemporary Management dba New Millennium Foster Family Agency

Address: 606 "D" Street

Marysville, CA 95901

Phone: 530 743 7106

## CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.

Contract Term: Continuing until terminated

Contract Value: NTE \$250,000 per fiscal year \$100,000

Compliance with Human Resources requirements?

Yes: 12-31-08 No:

Compliance verified by: Patti Barton of H.R.

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

Approved: ☒

Disapproved:

Date: 1-8-09

By: 

Approved:

Disapproved:

Date:

By:

2-19-09 Per County Counsel no need to renew change to amount of Agreement from \$250,000 to \$100,000

RECEIVED  
HUMAN RESOURCES DEPT  
09 JAN 19 PM 2:05

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ☒

Disapproved:

Date: 1/20/09

By: 

Approved:

Disapproved:

Date:

By:

Please call Shirley Hodgson at x7268 to pick up. Thanks.

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

Departments:

Approved:

Disapproved:

Date:

By:

Approved:

Disapproved:


Date:

By:

# CONTRACT ROUTING SHEET

Date Prepared: 6-11-08Need Date: 7-2-08**PROCESSING DEPARTMENT:**Department: Human ServicesDept. Contact: Shirley I. C. HodgsonPhone #: X7268

Department: \_\_\_\_\_

Head Signature: **CONTRACTOR:**Name: OakendellAddress: 3585 Hawver Road, (Mailing: P.O. Box 1144)San Andreas, CA 95249Phone: (209) 754-1249*County mail***CONTRACTING DEPARTMENT:** Human ServicesService Requested: Foster care/group home services on an "as requested" basis.Contract Term: Perpetual Contract Value: \$250,000Compliance with Human Resources requirements? Yes: 4/24/08 No: \_\_\_\_\_Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)**COUNTY COUNSEL:** (Must approve all contracts and MOU's)Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6-16-08 By: 

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

*\* Note - Perpetual Agreement, NTE 250K per year**6/11/08  
ELK  
JH*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6/17/08 By: 

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

*RECEIVED  
HUMAN RESOURCES DEPT  
JUN 16 PM 4:26*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: \_\_\_\_\_ By: \_\_\_\_\_

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

**Need Date: 7-03-08**

**CONTRACTOR:**

Name: Obid Foundation  
Address: 8382 Sierra Sunset Drive  
Sacramento, CA 95828  
Phone: (916) 217-0197 *De*

Service Requested: Foster care/group home services on an "as requested" basis.

Contract Term: Perpetual Contract Value: \$250,000

Compliance with Human Resources requirements? Yes: 4/24/08 No: \_\_\_\_\_

Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

Approved: ☒ Disapproved: \_\_\_\_\_ Date: 6-7-08 By: [Signature]  
Approved: ☐ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  
**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)  
 Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6/17/08 By: [Signature]  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
W. R. RESOURCES  
JUN 7 PM 4:22

Please call Shirley Hodgson at 7268 to pick up. Thanks.

Departments: \_\_\_\_\_

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

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

Assigned to: E. Knapp

Contract #: 149-S0911

## CONTRACT ROUTING SHEET

Date Prepared: 10-22-08

Need Date: 11-13-08

### PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: 7268

Department

Head Signature: 

### CONTRACTOR:

Name: One Day, Inc. dba Southpoint Homes

Address: 9149 Gerber Road (Mail: P.O. Box 293809) Sacramento, CA 95829

Phone: 916 601 3561

### CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group homes services on an "as requested" basis.

Contract Term: No stated term

Contract Value:

\$250,000.00

Compliance with Human Resources requirements?

Yes:

No:

Compliance verified by:

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

Approved: ☒

Disapproved: ☐

Date: 10-24-08

By: 

Approved: ☐

Disapproved: ☐

Date:

By:

*Department should seek Board delegation of signature authority*

RECEIVED  
HUMAN RESOURCES DEPT  
08 OCT 28 AM 8:51

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ☒

Disapproved: ☐

Date: 10/28/08

By: 

Approved: ☐

Disapproved: ☐

Date:

By:

Please call Shirley Hodgson at x7268 to pick up. Thanks.

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

Departments:

Approved: ☐

Disapproved: ☐

Date:

By:

Approved: ☐

Disapproved: ☐

Date:

By:

# CONTRACT ROUTING SHEET

Date Prepared: 8-8-08

Need Date: 8-22-08

## PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: 7268

Department: \_\_\_\_\_

Head Signature: [Signature]

## CONTRACTOR:

Name: Open Lines Group Homes, Inc.

Address: 4625 Mountain Lakes Blvd  
(Mail: P.O. Box 992197,  
Redding, CA 96099)  
Redding, CA 96003

Phone: 530 241-5178

## CONTRACTING DEPARTMENT: Human Services

Service Requested: Foster care/group home services on an "as requested" basis.

Contract Term: Perpetual Contract Value: \$500,000.00

Compliance with Human Resources requirements? Yes: 4/24/08 No: \_\_\_\_\_

Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8-12-08 By: [Signature]

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

Signature should be by P.A. not by P.A.  
\* Signature authority delegated to P.A. by P.S.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/14/08 By: [Signature]

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: \_\_\_\_\_ By: \_\_\_\_\_

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

Internal Contract No: 277-183-M-R2011  
Purchasing Contract No: 029-S1211  
Index Code: Revenue

# CONTRACT ROUTING SHEET

Date Prepared: ~~June 17, 2011~~ July 5, 2011

Need Date: July 19, 2011

## PROCESSING DEPARTMENT:

Department: Health Svcs Dept – MH Div.

Dept. Contact: Thomas Michaelson

Phone #: 6203

Department

Head Signature:   
Neda West, Director

## CONTRACTOR:

Name: Plumas County Mental Health Department

Address: 270 County Hospital Road, Suite 109

Quincy, CA 95971

Phone: 530-283-6307

## CONTRACTING DEPARTMENT: Health Services Department – Mental Health Division

Service Requested: Use of EDC Psych Health Facility

Contract Term: Perpetual agreement beginning 7/1/11

Contract Value: \$25,000 per year

Compliance with Human Resources requirements?

Yes ☐

No: ☒

Compliance verified by: N/A – revenue agreement

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

Approved: ☒ Disapproved: ☐ Date: 7/13/11

By: 

Approved: ☐ Disapproved: ☐ Date: ☐

By: ☐

*Contract must be taken to Bd on annual basis per Bd policy on Bd action in 2009*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ☒ Disapproved: ☐ Date: 7/13/11

By: 

Approved: ☐ Disapproved: ☐ Date: ☐

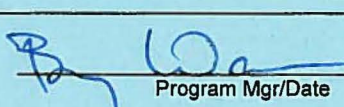
By: ☐

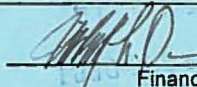
## OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:

Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐

Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐

 6/27/11  
Program Mgr/Date

 6/28/11  
Finance/Date



Contract Name INSIGHT Health Clinic Management Software Maintenance Agreement

Contract # 05-498-01M

Budget Code 403111

## CONTRACT ROUTING SHEET

### PROCESSING DEPARTMENT:

Department: Public Health  
Dept. Contact: Carol Dunn  
Phone #: 621-6226  
Department Head Date: March 9, 2005  
Signature: [Signature]

### CONTRACTOR:

Name: QS Technologies, Inc.  
Address: P.O. Box 874  
Greenville, SC 29602  
Phone: (864) 233-2866 232-2666

### CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes: X No:     

Compliance verified by: Original Agreement by Kathryn Libicki & Local #1 (proprietary software)

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

Approved:      Disapproved: ✓ Date: 3/23/05 By: [Signature]  
Approved:      Disapproved: ✓ Date: 4/18/05 By: [Signature]

No Co Contract from No incops of Co Rmber Access  
Non standard agreement Policy

No warranties, No indemnity 3/24/05 Reused  
Termination- 90 days notice and resubmitted (chd)

Resubmit 4/18/05 TC w/ Carol Dunn

Recommend you advise Bd of following when being  
Ad. Payment in advance, see pg 2, Charges; See Co. Alterations...  
Alterations repairs if made by county may result in Co termination

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

Approved: X Disapproved:      Date: 4/28/05 By: [Signature]  
Approved:      Disapproved:      Date:      By:     

agreement without rebate of fees.

It is our understanding you intend to include standard  
30 day termination provision.

Thank you for including indemnity and contract termination for  
language like. Changes made to satisfy Co. Counsel concerns  
with the exception of payment in advance, which  
is industry standard. (chd)

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

### INFORMATION SERVICES:

Approved: ✓ Disapproved:      Date: 5/2/05 By: [Signature]  
Approved:      Disapproved:      Date:      By:

# CONTRACT ROUTING SHEET

Date Prepared: 6-12-08Need Date: 7-03-08**PROCESSING DEPARTMENT:**
 Department: Human Services  
 Dept. Contact: Shirley I. C. Hodgson
Phone #: X7268

Department

Head Signature: *[Signature]***CONTRACTOR:**
 Name: R House, Inc.  
 Address: 429 Speers Road (Mailing: P.O. Box 2587 Santa Rosa, CA 95405)

Santa Rosa, CA 95409

Phone: (707) 571-2215**CONTRACTING DEPARTMENT:** Human ServicesService Requested: Foster care/group home services on an "as requested" basis.Contract Term: Perpetual Contract Value: \$250,000Compliance with Human Resources requirements? Yes: 4/24/08 No: Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)**COUNTY COUNSEL:** (Must approve all contracts and MOU's)
 Approved: ✓ Disapproved:  Date: 6-12-08 By: *[Signature]*  
 Approved:  Disapproved:  Date:  By: 

ASSIGNMENT

*Notes - perpetual agent for NTD 250k/yr.  
- signature authority delayed by bus*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)
 Approved: ✓ Disapproved:  Date: 6/17/08 By: *[Signature]*  
 Approved:  Disapproved:  Date:  By: 

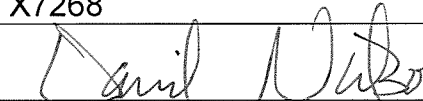
 RECEIVED  
 HUMAN SERVICES DEPT  
 JUN 17 PM 4:20

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:  By:   
 Approved:  Disapproved:  Date:  By:

# CONTRACT ROUTING SHEET

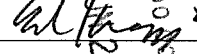
Date Prepared: 6-24-11Need Date: 7-22-11**PROCESSING DEPARTMENT:**

Department: Human Services  
 Dept. Contact: Shirley I. C. Hodgson  
 Phone #: X7268  
 Department Head Signature: 

**CONTRACTOR:**

Name: Red Rock Canyon School  
 Address: 747 E. St. George Blvd  
St. George, UT 84770  
 Phone: 800 635-4441


**CONTRACTING DEPARTMENT:** Human ServicesService Requested: Group home services on an "as requested" basis for clients of DHSContract Term: \_\_\_\_\_ Contract Value: \$125,000.00Compliance with Human Resources requirements? Yes: 6-20-11 No: \_\_\_\_\_Compliance verified by: Mike Strella**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6-23-11 By:   
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*\* Please obtain a corporate authorization for execution director to sign contracts, & obtain 2 signatures of corporate officers per lab. ltr. 317.  
 Rec'd authorization 6-30-11*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6/28/11 By:   
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please call Shirley Hodgson at x7268 to pick up.

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

Departments: \_\_\_\_\_

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

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

**CONTRACT ROUTING SHEET****Date Prepared:** November 1, 2010**Need Date:** ASAP**PROCESSING DEPARTMENT:**Department: Human ServicesDept. Contact: DeAnn OsbornPhone #: X7338Department: Daniel NielsonHead Signature: Daniel Nielson, Director**CONTRACTOR:**Name: Sacramento Area Council of GovernmentsAddress: 1415 L Street, Suite 300  
Sacramento, CA 95814Phone: 916/340-6226**CONTRACTING DEPARTMENT:** Human ServicesService Requested: Lifeline Transportation StudyContract Term: Upon execution-No end term Contract Value: \$0.00Compliance with Human Resources requirements? Yes: N/A No: Compliance verified by: **COUNTY COUNSEL:** (Must approve all contracts and MOUs)Approved: ✓ Disapproved:  Date: 11-4-10 By: Calif. Coun.Approved: ✓ Disapproved:  Date: 11-6-10 By: Calif. Coun.with modification suggested by SACOG.**Please forward to Risk Management. Thanks!****RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)Approved: ✓ Disapproved:  Date: 11/5/10 By: WMBApproved:  Disapproved:  Date:  By: **OTHER APPROVAL:** (Specify department[s] participating or directly affected by this contract)Departments: Approved:  Disapproved:  Date:  By: Approved:  Disapproved:  Date:  By: **Please contact DeAnn Osborn (X7338) to arrange for pickup. Thank you!**

Contract Name Hospice Client Ambulance Transport Agreement

Contract # None

Budget Code 401111

## CONTRACT ROUTING SHEET

### PROCESSING DEPARTMENT:

Department: Public Health

Dept. Contact: Carol Dunn

Phone #: 621-6226

Department Head Date: December 14, 2004

Signature: [Signature]

### CONTRACTOR:

Name: Snowline Hospice of El Dorado County, Inc.

Address: 670 Placerville Drive

Placerville, CA 95667

Phone: (530) 621-7820

### CONTRACTING DEPARTMENT: Public Health

Compliance with Human Resources requirements? Yes: X No:     

Compliance verified by: N/A - County provides services

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

Approved: Carol Disapproved:      Date: 1/6/05 By: [Signature]

Approved:      Disapproved:      Date:      By:     

ASSIGNMENT

12/29 Called Carol Dunn re questions on scope. She explained our miles Dunn would need to address.  
1/4 Called Miles & left message.  
1/6/05 Revised scope per attached.  
1-7-05 Scope revised per Co. Counsel's request. Carol

EL DORADO COUNTY COUNSEL  
2004 DEC 22 AM 9:50

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

Approved:      Disapproved:      Date:      By:     

Approved:      Disapproved:      Date:      By:     

**NO FUNDING – County provides services**

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

#### Department(s):

Approved:      Disapproved:      Date:      By:     

Approved:      Disapproved:      Date:      By:

ASSIGNMENT

DATE: 3/9/98

ATTORNEY Jamp.

DEPT./INDEX NO. 523000

BY: \_\_\_\_\_

CONTRACT NUMBER STPUD MOU  
Outreach Program

# CONTRACT ROUTING SHEET

## SUBMITTED BY:

DEPARTMENT Community Services

CONTACT PERSON John Litwinovich

CONTACT PHONE # 6163

## CONTRACTOR:

NAME South Tahoe Public Utility District

1275 Meadow Crest Drive  
ADDRESS South Lake Tahoe, CA 96150

PHONE # 530-544-6474

### 1. ORIGINATING DEPT

☐ HAZARDOUS-ROUTE TO RISK MGT.

☒ NON-HAZARDOUS-ROUTE TO COUNTY COUNSEL

BY: Jasara

DATE: 3/9/98

### 2. COUNTY COUNSEL REVIEW

☒ DISAPPROVED

BY: Thomas P. Baker

DATE: 3/10/98

COMMENTS: See attached

Memorandum. JPL

☐ APPROVED

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

### 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: \_\_\_\_\_

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 abovementioned program 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 ("<sup>3</sup>HO") is cited as "HQ" in paragraph 2(a), a typographical error I suspect.

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

TRP  
Memoform.wpd

EL DORADO COUNTY


**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 (H<sup>2</sup>O) 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 (H<sup>2</sup>O) 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 (H<sup>2</sup>O) Program."

Comment #3:

It has been confirmed that this is a typo.

**Need Date:** ASAP

**PROCESSING DEPARTMENT:**

Department:	HHSA/PHD
Dept. Contact:	DeAnn Osborn
Phone #:	X6145
Department	
Head Signature:	
	Daniel Nielson, Director

**CONTRACTOR:**

**Name:** EDC Superior Court  
**Address:** 1354 Johnson Blvd., Dept 3  
 South Lake Tahoe, CA  
**Phone:** 530/573-3075

**CONTRACTING DEPARTMENT:** Health and Human Services Agency/Public Health Division

**Service Requested:** Teen Court Program implementation, administration, and collaboration between EDC HHSA, Probation and Superior Court

Contract Term:	July 1, 2012-No End Term	Contract Value:	\$0.00
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Compliance with Human Resources requirements?	Yes:	No:	N/A
---	------	-----	-----

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

**COUNTY COUNSEL:** (Must approve all contracts and MOUs)

Approved: Cond'g Disapproved: \_\_\_\_\_ Date: 5/18/12 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Cond'1 w/ amendment to mutual indemnity;  
revisions are necessary because  
current terms are difficult to enforce  
against either party  
Corrections made. WAO

Risk: Is the Court self-insured?

***Please forward to Risk Management. Thank you!***

**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 5/18/12 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Public Energy: Suburban Branch Suburban Council ABC

**RISK MANAGER**  
**EL DORADO COUNTY**

***Please return to DeAnn Osborn for processing. Thank you!***

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

Departments: EDC Probation Dept.

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6-18-12 By: SLY

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

***Please return to DeAnn Osborn for processing. Thank you!***

# CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT: IHSS /  
Department: HUMAN SERVICES  
Dept. Contact: JOHN LITWINOWICH  
Phone #: (530) 6163  
Department Head  
Signature: (X)

CONTRACTOR:  
Name: SYMETRA LIFE INS. COMPANY  
Address: NO ADDRESS LISTED  
Phone: \_\_\_\_\_

CONTRACTING DEPARTMENT: \_\_\_\_\_  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 1/10/05 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT  
01/10/2005  
DATE  
ATTORNEY  
DEPT. INDEX NO. 531010  
BY: AKO

*on conditions outlined below*  
Please forward to Dave Cheney for review  
Applies to employees only  
Contractor will provide evidence of compliance  
with Knox-Keene notification requirements  
appeal rights of participants  
Will attach copy of actual policy  
specifications

2005 JAN 10 AM 10:00  
EL DORADO COUNTY COUNSEL  
HUMAN SERVICES

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1/10/05 By: D. Cheney  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

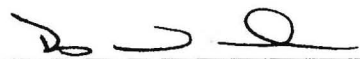
JAN 10 2005

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

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

# CONTRACT ROUTING SHEET

Date Prepared: 6-12-08Need Date: 7-03-08**PROCESSING DEPARTMENT:**

Department: Human Services  
 Dept. Contact: Shirley I. C. Hodgson  
 Phone #: X7268  
 Department  
 Head Signature: 


**CONTRACTOR:**

Name: Tahoe Turning Point  
 Address: P.O. Box 17509  
South Lake Tahoe, CA 96151  
 Phone: (530) 541-4594

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Foster care/group home services on an "as requested" basis.  
 Contract Term: Perpetual Contract Value: \$250,000  
 Compliance with Human Resources requirements? Yes: 4/24/08 No: \_\_\_\_\_  
 Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6-16-08 By:   
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

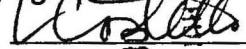
ASSIGNMENT

DATE 6/13/2008ATTORNEY ED KnapDEPT/INDEX NO. 5305200# 400

*\* Note that this is a perpetual contract for NTE \$250K per year. Pos has delegated signature authority to Patti Barton, Esq.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6/17/08 By:   
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
 HUMAN RESOURCES DEPT  
 16 JUN 16 PM 4:26

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

# CONTRACT ROUTING SHEET

Date Prepared: 6-12-08Need Date: 7-03-08**PROCESSING DEPARTMENT:**Department: Human ServicesDept. Contact: Shirley I. C. HodgsonPhone #: X7268

Department

Head Signature: **CONTRACTOR:**Name: Tribal Economic & Social Solutions Agency, Inc.Address: 2641 Cottage Way, Suite 2  
Sacramento, CA 95825Phone: (916) 485-2600**CONTRACTING DEPARTMENT:** Human ServicesService Requested: Foster care/group home services on an "as requested" basis.Contract Term: PerpetualContract Value: \$250,000.00

Compliance with Human Resources requirements?

Yes: 4/24/08No: Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)**COUNTY COUNSEL:** (Must approve all contracts and MOU's)Approved: ☒Disapproved: Date: 6-16-08By: Approved: Disapproved: Date: By: 

*\* NOTE: That this is a perpetual contract with a NTE amount of 250K per year. Foster has delegated negotiation authority to Purchasing Dept*

ASSIGNMENT  
DATE 6/13/2008  
FORNEY Ed Knapp  
DEPT. INDEX NO. 536500  
AKC

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)Approved: ☒Disapproved: Date: 6/17/08By: Approved: Disapproved: Date: By: 

RECEIVED  
HUMAN RESOURCES DEPT  
JUN 16 PM 4:26

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: By: Approved: Disapproved: Date: By:

Internal Contract No: 381-127a-M-

N2010

Purchasing Contract No: N/A

Index Code: 419100

# CONTRACT ROUTING SHEET

Date Prepared: January 21, 2011

Need Date: 2-18-11

## PROCESSING DEPARTMENT:

Department: Health Svcs Dept – MH Div.

Dept. Contact: Thomas Michaelson

Phone #: 6203

Department

Head Signature: 

Neda West, Director

## CONTRACTOR:

Name: UC Davis Health System

Address: 2315 Stockton Blvd, Suite 2300

Sacramento, CA 95817

Phone: 916-734-3820

## CONTRACTING DEPARTMENT: Health Services Department – Mental Health Division

Service Requested: UC Davis Health System to provide telemedicine equipment in South Lake Tahoe

Contract Term: Perpetual from date of execution

Contract Value: \$0

Compliance with Human Resources requirements? Yes ☐ No: ☒

Compliance verified by: N/A

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

\* Approved: ☒ Disapproved: ☐ Date: 3/9/11 By: 

Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐

\* See notations on Cover Memo

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ☒ Disapproved: ☐ Date: 3/17/11 By: 

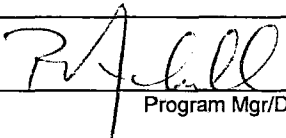
Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐

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

Departments:

Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐

Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐

 1/24/11  
Program Mgr/Date

Finance/Date

Contract #: Surplus Property Donation Agreement  
**CONTRACT ROUTING SHEET** w/ United Outreach of El Dorado County

Date Prepared: 12/02/03

Need Date: PLEASE RUSH

**PROCESSING DEPARTMENT:**

Department: General Services

Dept. Contact: Bonnie H. Rich

Phone #: 5940

Department

Head Signature: Bonnie H. Rich

for George W. Sanders

**CONTRACTOR:**

Name: \_\_\_\_\_

Address: Approve "Boiler-Plate"  
Agreement

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** General Services/Procurement and Contracts

Service Requested: Donation of Surplus Property Agreement

Contract Term: \_\_\_\_\_ Contract/Amendment Value: \_\_\_\_\_

Compliance with Human Resources requirements? Yes: X No: \_\_\_\_\_

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

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 12/15/03

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

By: Justin  
By: \_\_\_\_\_

Note: Revisions made at the request of Counsel per attached. Please Rush. Necessary surplus/donate several ambulances approved by the Board of Supervisors 12/02/03, #8.

*Constitutional approval: per discussion of Bonnie, add ambiguity since that in some cases agt for products call of questions*  
*OK add*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

12/16/03 BHR

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 1/12/07

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

By: Justin  
By: \_\_\_\_\_

*phase call when ready for pick-up. Thank you.*

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_


Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

# CONTRACT ROUTING SHEET


Date Prepared: 6-12-08Need Date: 7-03-08**PROCESSING DEPARTMENT:**

Department: Human Services  
 Dept. Contact: Shirley I. C. Hodgson  
 Phone #: X7268  
 Department  
 Head Signature: 

**CONTRACTOR:**

Name: Wide Horizons Ranch, Inc.  
 Address: 27442 Oak Run to Fern Road  
Oak Run, CA 96069  
 Phone: (530) 472-3223

**CONTRACTING DEPARTMENT:** Human ServicesService Requested: Foster care/group home services on an "as requested" basis.Contract Term: Perpetual Contract Value: \$250,000Compliance with Human Resources requirements? Yes: 4/24/08 No: Compliance verified by: Review not required per Patti Barton (HR) and Jere Copeland (Union)**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

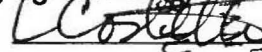
Approved: ☒ Disapproved:  Date: 6-16-08 By:   
 Approved:  Disapproved:  Date:  By:

*\* Note this is a perpetual contract, with a NTE amount of \$250k per year.  
 Los has delegated signature authority to Purchasing Dept*

ASSIGNMENT

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ☒ Disapproved:  Date: 6/17/08 By:   
 Approved:  Disapproved:  Date:  By:

RECEIVED  
 HUMAN RESOURCES DEPT  
 JUN 16 PM 4:26

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:  By:   
 Approved:  Disapproved:  Date:  By:

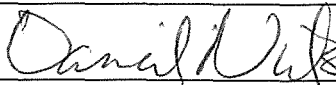
Purchasing Contract No: 597-S1210  
Index Code: 403310

# CONTRACT ROUTING SHEET

Date Prepared: 09-04-2012

Need Date: 09-17-2012

## PROCESSING DEPARTMENT:

Department: HHSA - Public Health  
Dept. Contact: Zhana Mc Cullough  
Phone #: 7154  
Department  
Head Signature:   
Daniel Nielson, M.P.A., Director

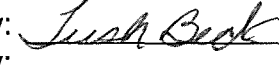
## CONTRACTOR:

Name: Zoll Medical Corporation  
Address: 269 Mill Road  
Chelmsford, MA 01824  
Phone:

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

Service Requested: Access to database containing 12 Lead (defibrillator) information  
Contract Term: On Signature/perpetual Contract Value: \$0  
Compliance with Human Resources requirements? Yes x No:  
Compliance verified by: Other

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

Approved: ☒ Disapproved: ☐ Date: 9/11/12 By:   
Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐


*Recommend that Department request  
vendor to change venue to California if  
Vendor says no - okay to proceed if*

*Vendor changed venue as requested.*

*09-19-2012*

*3cm*

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


Approved: ☒ Disapproved: ☐ Date: 9-12-12 By:   
Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐

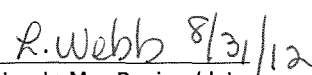
RISK MANAGER

EL DORADO COUNTY

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

Departments:  
Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐  
Approved: ☐ Disapproved: ☐ Date: ☐ By: ☐

 8-31-12  
Contracts Review/date

 8/31/12  
Contracts Mgr Review/date

EL DORADO COUNTY COUNCIL  
2012 SEP 11 AM 10:11  
56 PM 14  
EL DORADO COUNTY COUNCIL  
12 SEP 12 AM 9:39  
EL DORADO COUNTY COUNCIL