

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: HSA / 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

RECEIVED  
HUMAN RESOURCES DEPT.  
12 AUG 2 AM 8:33

**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

the revisions tab 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**

RECEIVED  
HUMAN RESOURCES DEPT.  
12 AUG -2 AM 11:57

**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.  
12 SEP 17 PM 4:53  
2012 SEP 14 AM 11:02  
EL DORADO COUNTY COUNSEL

[Signature]  
Contracts Review/date

[Signature]  
Contracts Review/date

# 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: *[Signature]*

**CONTRACTOR:**

Name: Aspiranet dba Aspira Foster & Family Services  
Address: 400 Oyster Point Blvd, #501 South San Francisco, CA 94080  
Phone: (650) 866-4080

**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: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Note - perpetual agreement NTE 2012 per year  
- BOS has delegated signature authority*

6/17/2008  
AT  
ED  
INDEX NO. 230500  
BY: A 900

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: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT  
06 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: \_\_\_\_\_

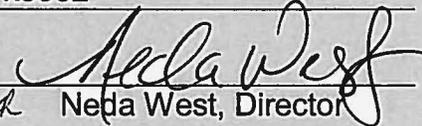
Internal Contract No: 163-MHD0809  
Purchasing Contract No: 146-1010  
Index Code: 419100

# 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, Director

## CONTRACTOR:

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

## CONTRACTING DEPARTMENT: Health Services Department

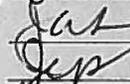
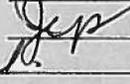
Service Requested: Co provides MH assessment to patients in Barton ER  
Contract Term: signature through 6/30/13  
Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes  No   
Compliance verified by: Feasibility Analysis Attached

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

Approved:  Disapproved:  Date: 10/4  
Approved:  Disapproved:  Date: 7/26/11  
7/26/11 - Change is approved - per our discussion  
By: 

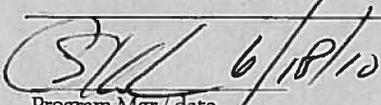
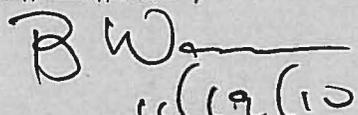
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved:  Date: 10/12/10  
Approved:  Disapproved:  Date: 11/8/10  
By:   
By:   
Need additional insured endorsement & workers comp cert.  
Rec'd endorsement - resubmit 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: \_\_\_\_\_

 6/18/10  
Program Mgr / date  
  
cc: 12/10

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

*HAND DELIVERED  
RECEIVED*

JAN 12 2006

El Dorado County Counsel

**CONTRACTING DEPARTMENT:** Public Health

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: 2/3/06 By: D. Livingston

Approved:      Disapproved:      Date:      By:     

*FOR COUNSEL'S CONVEYANCE IN LAW, WE UNDERSTAND THAT THIS LETTER OF UNDERSTANDING IS A FINAL TRILLAL FORM. NEVERTHELESS, PLEASE BE FURNISHED THAT THE LETTER REFERS TO SHORTEN THE 150 DAY PERIOD WE WOULD OTHERWISE HAVE TO INDEMIT 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

**RUSH!**

**PROCESSING DEPARTMENT:**

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

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

**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 Mgr. Review/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: *Meda West*  
Meda 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: *Terrell...*  
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: \_\_\_\_\_

Program Mgr / date \_\_\_\_\_ Finance / date \_\_\_\_\_

# 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!

EL DORADO COUNTY COUNSEL  
JUNE 17 2 53 PM '10

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: \_\_\_\_\_

JUNE 17 2 34 PM '10

**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

[Signature] 5/20/10  
Finance / date

Valerie A. Brooker 5.24.10  
Contracts/Budgets ASO - Date



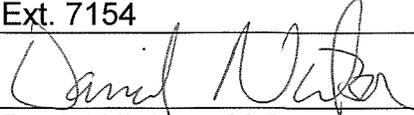
Contract #: 146-01310  
Index Code: 403310

# 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  
Bjm

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: \_\_\_\_\_

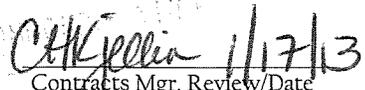
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

13 JAN 25 AM 8:34

 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: 6/29/12

Need Date: 7/16/12

**PROCESSING DEPARTMENT:**

Department: Chief Administrative Office  
Dept. Contact: Terri Knowlton  
Phone #: 621-5571

Department Head Signature: *Signature for Terri Knowlton*

**CONTRACTOR:**

Name: City of Placerville  
Address: 3101 Center St  
Placerville CA 95667  
Phone: 530-642-5556

**CONTRACTING DEPARTMENT:** Health & Human Services Agency – Health Services

Service Requested: Provide Animal Services to City of Placerville

Contract 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:        Disapproved:        Date:        By:         
Approved: X Disapproved:        Date: 7/2/12 By: *Signature*

Recommend proposed revisions  
I 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:       

**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

13-0674 2C 10 of 66

# CONTRACT ROUTING SHEET

Date Prepared: 10/2/08

Need Date: 10/16/08

**PROCESSING DEPARTMENT:**

Department: CAO Procurement & Contracts

Dept. Contact: Bonnie Rich

Phone #: X5940

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

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 Health

Service Requested: Client tracking software maintenance

Contract Term: Perpetual Contract Value: \$8,308.00

Compliance 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: [Signature]

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 10-16-08 By: [Signature]

*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: [Signature]

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

RECEIVED  
 HUMAN RESOURCES DIVISION  
 OCT 17 AM 11:00:30

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

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

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

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

*10/2/08*

# CONTRACT ROUTING SHEET

Date Prepared: 4/20/06

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

### PROCESSING DEPARTMENT:

Department: CAO/Proc. & Contracts  
Dept. Contact: Pam Carlone  
Phone #: 5833  
Department Head Signature: Bonnie H. Rich

### CONTRACTOR:

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

EL DORADO COUNTY COUNSEL  
2006 APR 21 PM 3:40

### CONTRACTING DEPARTMENT:

Mental Health

Service Requested: HealthCare Tracking & Management System Software/Maintenance

Contract 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 that not to exceed amount is included in Amendment III Disapproved: \_\_\_\_\_ Date: 4/24/06 By: Lucretia Kern

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

ASSIGNMENT

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

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

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. Colletto

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

APR 25 2006

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

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

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

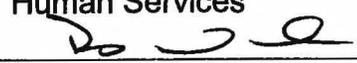
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

# CONTRACT ROUTING SHEET

Date Prepared: 3-11-08

Need 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:**

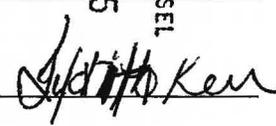
Name: Computrust Software Corp  
Address: 18525 Sutter Blvd., Suite 280  
Morgan Hill, CA 95037  
Phone: (408) 782-7470

EL DORADO COUNTY COUNSEL  
2008 MAR 17 12:55

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Amend Agreement to add 4 additional users in the Public Guardian Office.  
Contract Term: Perpetual Contract Value: \$14,254.00  
Compliance 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  
DATE 4-17-08  
ATTORNEY ATM  
DEPT. INDEX NO. 53744  
BY: carl

Liability limited to amount of annual license fees  
Fees may be adjusted 1x per yr w 60 days notice  
One year automatic renewal provisions

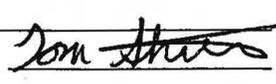
Please call Shirley Hodgson at X7268 to pickup. Thank you!

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

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

RECEIVED  
HUMAN RESOURCES DEPT  
08 MAR 15 PM 1:49

**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 & Contracts

Dept. Contact: Bonnie H. Rich

Phone #: 5940

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

Head Signature: Bonnie H. Rich

**CONTRACTOR:**

Name: Computrust Software Corp

Address: 18525 Sutter Boulevard  
Suite 280

Phone: 408-782-7470

**CONTRACTING DEPARTMENT:** Human Services/Public Guardian

Service Requested: Software, License, and Installation

Contract 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:  on condition matters outlined below are followed Disapproved: \_\_\_\_\_ Date: 1/11/05 By: Justitia Ken

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

to mp Advance payment of usage fees (delete) travel

Per diem fees for on site training etc. attach copy of Bd Policy 51

CTGC 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 Bd

Exhibit B

Please Forward to Risk Management Thank You!

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

Approved:  \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 1/12/05 By: D. Chamy

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: \_\_\_\_\_

\_\_\_\_\_

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

JAN 12 2005

# CONTRACT ROUTING SHEET

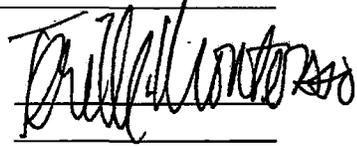
Date Prepared: 4/20/10  
April 16, 2010

Need Date: 4/29/10

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

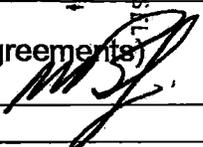
**CONTRACTOR:**  
 Name: County Medical Services Prog.  
 Address: P.O. Box 942732  
Sacramento, CA 94234  
 Phone: \_\_\_\_\_

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

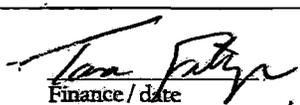
**Please note:** Fully executed agmt due 6/11/10.  
 On Board agenda for 5/25/10.

*I see no legal issues or problems with this Agreement. County Counsel has not rec'd any phone calls from General Council 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:   
 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: \_\_\_\_\_

 4/19/10  
 Program Mgr / date

  
 Finance / date 4/19/10

Contract Name: Memorandum of Understanding

Contract # 673-PHD1007

Budget Code: 403310

EL DORADO COUNTY CONTRACT

# 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: [initials] 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 DB 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 by San Joaquin use agreement w/ vendor which is attached to this agreement, but additional included terms & conditions were not available for review.*

### 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 forward payments to vendor.*

*DATE 11/01/2007  
A TORRES - 403310  
BY - PCO*

*ASSIGNMENT  
11/15/2007  
ATTORNEY LESLEY GOMEZ  
INDEX NO. 403310*

*RECEIVED  
HUMAN RESOURCES DEPT  
DEC - 3 AM 9:02*

*EL DORADO COUNTY CONTRACT  
2007 OCT 31 PM 3:42  
2007 OCT 11  
PH: [unclear]  
EL DORADO COUNTY CONTRACT  
2007 OCT 11 PM 3:42  
PH: [unclear]*

# 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: [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: [Signature]  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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

DATE: 6/17/08  
ATTORNEY: ED HARRIS  
DEPT. INDEX NO: 630620  
BY: [Signature]

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: [Signature]  
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: 6-12-08

Need Date: 7-03-08

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department

Head Signature: [Signature]

**CONTRACTOR:**

Name: Crossroads Treatment Center, Inc.

Address: 6060 Sunrise Vista Dr #110  
Citrus Heights, CA 95610

Phone: (916) 729-2721

EL PASO COUNTY COUNSEL  
JUN 12 PM 3:49  
[Signature]

**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: [Signature]

Approved:          Disapproved:          Date:          By:         

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

ASSIGNMENT

DATE 6/17/08  
ATTORNEY [Signature]  
DEPT./INDEX NO. 530501  
BY: [Signature]

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: [Signature]

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: 10-21-10

Need Date: 11-10-10

**PROCESSING DEPARTMENT:**

Department: Human Services  
Dept. Contact: Shirley I. C. Hodgson  
Phone #: X7268  
Department  
Head Signature: *Shirley 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: \_\_\_\_\_  
Compliance verified by: Mike Strella of H.R.

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

Approved:  Disapproved: \_\_\_\_\_ Date: 10-26-10 By: *Val Thomas*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Please obtain corporate authorization for execution of contracts 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: *[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 DESCRIPTION: CSA #7 MEDICAL RETIREMENT AND INDUSTRIAL 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
- 3. EL DORADO COUNTY FIRE PROTECTION DISTRICT

ADDRESS \_\_\_\_\_

PHONE # 1. 636-3190 ROBERT TRACHER  
2. 333-4111 DALE GEORGE  
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

RECEIVED  
APR 28 11 27 AM '97  
COUNTY COUNSEL  
EL DORADO COUNTY

**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

2<sup>nd</sup> Contact: Tom Michaelson

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

Head Signature: [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: [Signature]

Approved:  Disapproved: \_\_\_\_\_ Date: 6/13/11 By: [Signature]

Resubmitted 5/26/11 - Khay - Return to Dept - LDCOE's  
counsel's 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: 1/20/11 Disapproved: \_\_\_\_\_ Date: 1/20/11 By: [Signature]

Approved: [Signature] Disapproved: \_\_\_\_\_ Date: 6/14/11 By: [Signature]

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: \_\_\_\_\_

[Signature] 11/23/10  
Program Manager / date

[Signature] 11/29/10  
Finance / date

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:           

2005 MAY 19 PM 11:50  
EL DORADO COUNTY COUNSEL  
HANNA JENNEY AD

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

ASSIGNMENT  
05/23/05  
REARNEY  
REARNEY  
DEPT INDEX NO. 405210  
BY: [Signature]

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

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

AY 5/17/2005

### 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: 9-3-08

Need 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 Services

Service 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: [initials]  
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: 10/24/08 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Contains 7-day termination w/o cause by county  
All legal 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:  Disapproved: \_\_\_\_\_ Date: 10/28/08 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: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT  
OCT 28 AM 8:51

*Vertical handwritten notes on right side of page, including "BOS" and "Delegation of Authority".*

# CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

**PROCESSING DEPARTMENT:**

Department: Human Services

**CONTRACTOR:**

Name: Families for Children Treatment Respite Care, Foster Care dba Families for Children

Dept. Contact: Shirley I. C. Hodgson

Address: 2990 Lava Ridge Ct., #170

Phone #: X7268

Roseville, CA 95661

Department

Phone: (916) 789-8688

Head Signature: 

**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:         

ASSIGNMENT	DATE	ATTORNEY	DEPT./INDEX NO.	BY:
	<u>6/16/08</u>	<u>ED KENNEDY</u>	<u>530500</u>	<u>AHL</u>

*Note - perpetual contract for 250k per year  
- signature by P.A. 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  
JUN 17 PM 1:34

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: 6-12-08

Need Date: 7-03-08

**PROCESSING DEPARTMENT:**

Department: Human Services

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department

Head Signature: *[Signature]*

**CONTRACTOR:**

Name: Family Connections Christian Adoptions

Address: 1120 Tully Road Modesto, CA 95350

Phone: (209) 524-8844

**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: *[Signature]*

Approved:  Disapproved:  Date:  By:

*Note - perpetual agreement NTE \$250K/yr*

ASSIGNMENT  
DATE 6/17/08  
ATTORNEY ED KAWA  
DEPT./INDEX NO. 57268  
BY: *[Signature]*

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: *[Signature]*

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: 6-11-08

Need 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

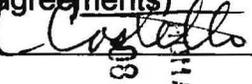
*County mail*

**CONTRACTING DEPARTMENT:** Human 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: \_\_\_\_\_

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

ASSIGNMENT  
 6/11/08  
 COUNTY CLERK  
 T. INDEK NO. 30400  
 JH

**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: 6-12-08

Need 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: [Signature]

**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: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Notes: - perpetual agreement for 250k per year -  
- signature authority delegated by BOS*

ASSIGNMENT  
6/10/08  
DATE  
ATTORNEY ED KURUP  
DEPT./INDEX NO. 030500  
[Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

# CONTRACT ROUTING SHEET

Date Prepared: 2/19/13

Need Date: ASAP

### PROCESSING DEPARTMENT:

Department: HHSA/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 Stella

### 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

RECEIVED  
MAR 04 2013  
El Dorado County Council

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

AS to form - memo with recommendations attached.

Mark A. Roston Kumar W. Moore Cynthia K. Kellin  
PM Review/Date CFO Review/Date Contracts Supe Review/Date 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: *Dan Buffalo*

### 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*

ASSIGNMENT / 4/10/07 / 11:30 AM / BY: *[Signature]*

DATE: 03/24/2007  
ATTORNEY: X  
DEPT./INDEX NO.: 213011 / 870  
BY:           

*unclear purpose of this agreement.  
underlying documentation may be helpful.  
does not meet County standard requirements.  
Thanks for info*

*resubmitted 3/21/07  
- background documentation included per request*

2007 MAR 22 PM 3:35  
EL DON ADO SECURITY COUNSEL  
*[Signature]*  
2007 FEB 28  
EL DON ADO COU  
*[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.)

#### 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

Dept. Contact: Shirley I. C. Hodgson

Phone #: X7268

Department Head Signature: 

**CONTRACTOR:**

Name: Hillcrest Community Services, Inc. dba Wilderness Recovery Center

Address: 19650 Cove Road Redding, CA 96099 (Mailing P.O. Box 993125)

Phone: (530) 244-3806

RECEIVED HUMAN SERVICES DEPT  
JUN 17 4:20 PM '08  
*Shirley Hodgson*

**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: 

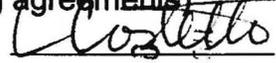
Approved:          Disapproved:          Date:          By:         

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

ASSIGNMENT  
DATE 6/16/08  
ATTORNEY DO MARRAS  
DEPT./INDEX NO. 53052  
BY: AM

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 17 4:20 PM '08

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

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

Departments:         

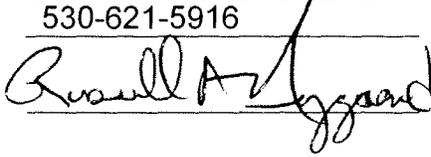
Approved:          Disapproved:          Date:          By:         

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  
Address: Peggy Eichhorn  
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)

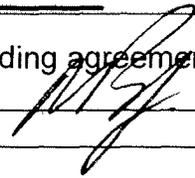
Approved: ✓ Disapproved: \_\_\_\_\_ Date: 2/10/11 By: D. LIVINGSTON   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

\* NOTE MUTUAL INDEMNITY.

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

Index Code: <u>301313</u>	User Code: _____
---------------------------	------------------

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 2/15/11 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: \_\_\_\_\_

01:43:01 01/27/11



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*  
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 x No: \_\_\_\_\_

Compliance verified by: Feasibility Analysis attached

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

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

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

*Kathy: please make changes as marked  
Changes completed 11/26/12 KLang*

EL PASO COUNTY COUNSEL  
11-19-12 1:10:59 PM

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

HUMAN RESOURCES DEPT.  
12 NOV 19 PM 1:56

### OTHER APPROVAL: Information Technology staff

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

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

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

*JH* 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

ELIOTT  
2008 OCT 23 2:10:51  
HUMAN RESOURCES DEPT  
RECEIVED

**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: 6-12-12

Need Date: 6-26-12

**PROCESSING DEPARTMENT:**

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

**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 Division

Service Requested: Operational agreement  
Contract Term: Perpetual Contract Value: \$0.00  
Compliance 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 7.20.12

EL DORADO COUNTY COUNSEL  
2012 JUN 18 PM 1:28  
EL DORADO COUNTY  
JUL -3 PM 2:10  
HUMAN RESOURCES DEPT.

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

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

*Please write additional insured endorsement to read:  
El Dorado County, its officers, officials, employees, volunteers...  
Also, contractor signed 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: Miriam Dean  
 Phone #: 6307  
 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: S. Finucane  
 Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Pending changes at page 5 of agreement

done 10/20/99  
MDB

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

Approved:  Disapproved:  Date: 10/20/99 By: Sandy 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: \_\_\_\_\_

# CONTRACT ROUTING SHEET

Date Prepared: <sup>17</sup> 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

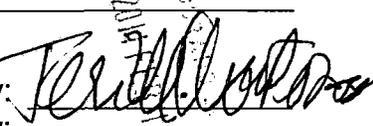
**CONTRACTOR:**

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  
COUNTY COUNSEL  
PH 2/19

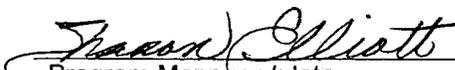
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 3/2/11 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

n/a  
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.  
- Accomplished by Registrar for Finance  
answered by ibernic 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  
HUMAN 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: [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: [Signature]  
Approved:    Disapproved:    Date:    By:   

*Notes - perpetual grant NTE 250k/yr  
Signature authority delegated by AS*

ASSIGNMENT  
6/13/2008  
ATTORNEY FO KROPP  
DEPT / INDEX NO. 520500  
BY [Signature]

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 RESOURCES DEPT  
09 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: \_\_\_\_\_

FOR APPROVAL  
DATE: 1/12/09  
BY: \_\_\_\_\_

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

*Note this a perpetual agreement continuing in effect unless otherwise 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: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
RESOURCES DEPT  
JAN - 8 PM 1/21

**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: 6-11-08

Need Date: 7-2-08

**PROCESSING DEPARTMENT:**

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

**CONTRACTOR:**

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

*County mail*

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

*\* Note - perpetual agreement NTR 250k/yr.*

ASSIGNMENT  
6/11/08  
ELK  
COUNTY  
INDEX NO. 530100  
JK

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: *[Handwritten 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: *[Handwritten Signature]*

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: *[Handwritten 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: 6-11-08

Need Date: 7-2-08

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

**CONTRACTOR:**  
 Name: Oakendell  
 Address: 3585 Hawver Road, (Mailing: P.O. Box 1144)  
San Andreas, CA 95249  
 Phone: (209) 754-1249

*County mail*

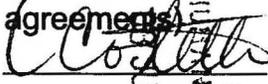
**CONTRACTING DEPARTMENT:** Human Services  
 Service Requested: Foster care/group home services on an "as requested" basis.  
 Contract Term: Perpetual Contract Value: \$250,000  
 Compliance with Human Resources requirements? Yes: 4/24/08 No: \_\_\_\_\_  
 Compliance verified by: Review not required 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: \_\_\_\_\_

*\* Note - Perpetual Agreement, NTE 25K per year*

ASSIGNMENT  
 6/11/08  
 COUNTY ELK  
 DIST. INDEX NO. 530520  
 JHC

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: 6-12-08

Need Date: 7-03-08

**PROCESSING DEPARTMENT:**

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

**CONTRACTOR:**

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

**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: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT  
DATE 6/13/08  
ATTORNEY EA HODGSON  
DEPT/INDEX NO 530500  
440

*Notes - perpetual agreement MTD 250k per year;  
- foster care authority delegated by OS*

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 RESOURCES DEPT  
03 JUN 7 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: \_\_\_\_\_

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)

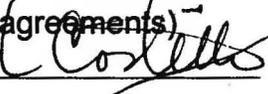
Approved: ✓ Disapproved:            Date: 10-24-08 By:   
Approved:            Disapproved:            Date:            By:           

*Department should seek Board delegation of signature authority*  
*Judith SA*

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:

Assigned to [Signature]  
Contract #: 1062-00811  
EL DORADO COUNTY  
MADISON COUNTY

# 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 DAS instead of P.A.  
\* Signature authority delegated to P.A. by DAS.*

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: \_\_\_\_\_

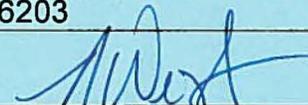
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

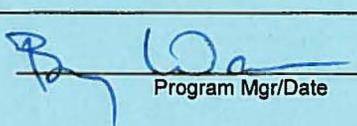
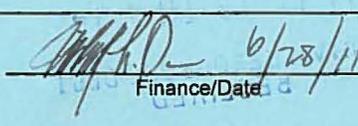
**COUNTY COUNSEL:** (Must approve all contracts and MOU's)  
Approved:  Disapproved:  Date: 7/13/11 By: Josh Beck  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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

EL DORADO COUNTY COUNSEL  
2011 JUL -5 PM 2:31

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: M. Sp...  
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: \_\_\_\_\_

 6/29/11 Program Mgr/Date  
 6/28/11 Finance/Date

# CONTRACT ROUTING SHEET

Date Prepared: 4-2-09

Need Date: 4-23-09

**PROCESSING DEPARTMENT:**

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

**CONTRACTOR:**

Name: Provo Canyon School, Inc.  
Address: 1350 East 750 North  
Orem, UT 84097  
Phone: 801 227 2100

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Foster care/group home services on an "as requested" basis ~~\$57,470~~  
Contract Term: Continues until terminated 3-yr <sup>CONTINUES UNTIL TERMINATED</sup> Contract Value: \$100,000.00 ~~\$100,000~~  
Compliance with Human Resources requirements? Yes: 4-2-09 No: \_\_\_\_\_  
Compliance verified by: Cheryl Dorosh at Human Resources

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 4-6-09 By: \*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*\* have contractor provide - Corporate Authorization for Signature by CFO ✓  
2-11-09*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 4/15/09 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

CONTRACTING DEPARTMENT  
APR 9:19

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 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: Judith Kern

Approved:            Disapproved: ✓ Date: 4/18/05 By: Judith Kern

No Co Contract Admin. No incorp of Co. Remedy 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

Bd. Payment in advance, see pg 2, Changes; See Co. Alterations...

Alterations repairs etc made by county may result in Q3 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:           

specimen 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 etc. 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:           

ATTORNEY GENERAL  
HARRIS COUNTY  
#403111

ASSIGNMENT  
DATE 03/11/2005  
ATTORNEY JUDITH KERN  
DEPT./INDEX NO. 403111

HARRIS COUNTY  
EL DORADO COUNTY  
2005 MAR 25  
2005 MAR 10  
COUNSEL

PR 2 8 2005

# CONTRACT ROUTING SHEET

Date Prepared: 6-12-08

Need Date: 7-03-08

**PROCESSING DEPARTMENT:**

Department: Human Services  
Dept. Contact: Shirley I. C. Hodgson

**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

Phone #: X7268  
Department  
Head Signature: *[Signature]*

**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: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT

11/3/2008  
KEY ED  
INDEX NO. 530500  
*[Signature]*

*Notes - perpetual agree for NTR 250k/yr.  
- signature unauthoriz, delayed by Des*

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 RESOURCES 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).

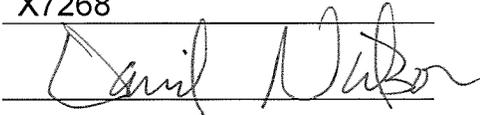
Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

# CONTRACT ROUTING SHEET

Date Prepared: 6-24-11

Need Date: 7-22-11

**PROCESSING DEPARTMENT:**

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

**CONTRACTOR:**

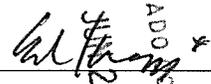
Name: Red Rock Canyon School  
Address: 747 E. St. George Blvd  
St. George, UT 84770  
Phone: 800 635-4441

RECEIVED  
JUN 27 2011  
10:12 AM

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Group home services on an "as requested" basis for clients of DHS  
Contract Term: \_\_\_\_\_ Contract Value: \$125,000.00  
Compliance 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: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2011 JUN 27 PM 12:57

*\* Please obtain a corporate authorization for execution director to sign contracts, or obtain 2 signatures of corporate officers per Cal. laws. Code 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 Services

**CONTRACTOR:**

Name: Sacramento Area Council of Governments

Dept. Contact: DeAnn Osborn

Address: 1415 L Street, Suite 300

Phone #: X7338

Sacramento, CA 95814

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

Phone: 916/340-6226

Head Signature: *Daniel Nielson*

Daniel Nielson, Director

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Lifeline Transportation Study

Contract Term: Upon execution-No end term Contract Value: \$0.00

Compliance 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: *Ed [Signature]*

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 12-6-10 By: *Ed [Signature]*

*with modification suggested by SAOCG.*

*Please forward to Risk Management. Thanks!*

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 11/5/10 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: \_\_\_\_\_

*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: Judy Beck

Approved:      Disapproved:      Date:      By:     

ASSIGNMENT  
PAGE 1 of 2  
ATTORNEY LIA  
DEPT INDEX NO. 401111  
BY: AM

12/29 Called Carol Dunn re questions on scope. She explained our miles but we 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

CONTRACT NUMBER STPUD MOU  
Outreach Program

# CONTRACT ROUTING SHEET

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

**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

<p><b>1. ORIGINATING DEPT</b></p> <p><input type="checkbox"/> HAZARDOUS-ROUTE TO RISK MGT.</p> <p><input checked="" type="checkbox"/> NON-HAZARDOUS-ROUTE TO COUNTY COUNSEL</p> <p>BY: <u>Jasara</u></p> <p>DATE: <u>3/9/98</u></p>	<p><b>2. COUNTY COUNSEL REVIEW</b></p> <p><input checked="" type="checkbox"/> DISAPPROVED</p> <p>BY: <u>Thomas P. Parker</u></p> <p>DATE: <u>3/10/98</u></p> <p>COMMENTS: <u>See attached memorandum. JPL</u></p> <p><input type="checkbox"/> APPROVED</p> <p>BY: _____</p> <p>DATE: _____</p> <p>COMMENTS: _____</p>
<p><b>1a. RISK MANAGEMENT REVIEW OF HAZARDOUS CONTRACTS</b></p> <p><input type="checkbox"/> APPROVED    <input type="checkbox"/> DISAPPROVED</p> <p>BY: _____</p> <p>DATE: _____</p> <p>COMMENTS: _____</p>	<p><b>3. COUNTY APPROVAL</b></p> <p>BOARD OF SUPERVISORS</p> <p>SIGNED BY CHAIRMAN ON: _____</p> <p>MAILED BY BOARD OFFICE ON: _____</p> <p>BY: _____</p> <p>PURCHASING</p> <p>SIGNED BY PURCHASING AGENT ON: _____</p>

RECEIVED

Mar 9 2 03 PM '98  
COUNTY OF EL DORADO

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 "HO" 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 *JL*  
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:

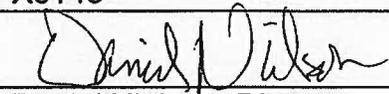
It has been confirmed that this is a typo.

# CONTRACT ROUTING SHEET

Date Prepared: May 14, 2012

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  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: N/A  
Compliance verified by: \_\_\_\_\_

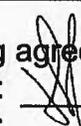
**COUNTY COUNSEL:** (Must approve all contracts and MOUs)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: Cond'1 Disapproved: \_\_\_\_\_ Date: 5/18/12 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 selfinsured?  
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:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Public Enemy - Superior Probation - Superior Council POC

**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: (Signature)

**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: on conditions outlined below Disapproved: \_\_\_\_\_ Date: 1/10/05 By: [Signature]  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT  
 01/10/2005  
 ATTORNEY JUDITH KERR  
 DEPT. INDEX NO. 531010  
 BY: AKB

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 11:00  
 EL DORADO COUNTY COUNSEL  
 [Signature]

**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: 6-12-08

Need Date: 7-03-08

### PROCESSING DEPARTMENT:

Department: Human Services  
Dept. Contact: Shirley I. C. Hodgson  
Phone #: X7268  
Department  
Head Signature: [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: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

ASSIGNMENT DATE: 6/13/2008  
ATTORNEY: ED KIRKPATRICK  
DEPT/INDEX NO.: 5305200 #400

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 RESOURCES DEPT  
8 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: 6-12-08

Need Date: 7-03-08

**PROCESSING DEPARTMENT:**

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

**CONTRACTOR:**

Name: Tribal Economic & Social Solutions Agency, Inc.  
Address: 2641 Cottage Way, Suite 2  
Sacramento, CA 95825  
Phone: (916) 485-2600

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Foster care/group home services on an "as requested" basis.  
Contract Term: Perpetual Contract Value: \$250,000.00  
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: 6-16-08 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

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 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: 

(B) Neda West, Director

### CONTRACTOR:

Name: UC Davis Health System

Address: 2315 Stockton Blvd, Suite 2300  
Sacramento, CA 95817

Phone: 916-734-3820

ELSON/DOUGLASS  
2011 FEB 11 10:26 AM  
COUNTY

### 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)

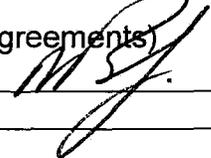
\* Approved: X Disapproved: \_\_\_\_\_ Date: 3/9/11 By: 

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: 

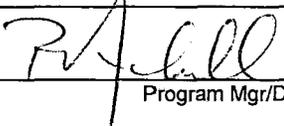
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

### 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** *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*

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 By: *Justin*

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

2003 DEC 22 PM 3:5  
 EL DORADO COUNTY COUNSEL

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.

*Conditional approval: per discussion of Bonnie, add ambiguity like that in some EAP agi 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 By: *J. Costello*

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

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

RECEIVED  
 HUMAN RESOURCES  
 JAN 12 PM 3:14

**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: *[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 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: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

ASSIGNMENT  
DATE: 6/13/2008  
ATTORNEY: ED KURTAP  
DEPT./INDEX NO.: 530500  
ADD

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 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: 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*  
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: *Tush Beck*  
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  
Jem*

EL DORADO COUNTY COUNCIL  
2012#0905 A110:1  
5/27/14

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 9-12-12 By: *[Signature]*  
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: \_\_\_\_\_

12 SEP 12 AM 9:39  
EL DORADO COUNTY COUNCIL

*[Signature]* 8-31-12  
Contracts Review/date

*R. Webb* 8/31/12  
Contracts Mgr Review/date