


Internal Contract No: 08-1901
Purchasing Contract No: requested
Index Code: 405210

CONTRACT ROUTING SHEET

Date Prepared: March 13, 2009

Need Date: Please Rush - Board
date 4/7/09

PROCESSING DEPARTMENT:

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

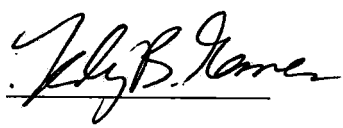
CONTRACTOR:

Name: Calif HealthCare Foundation
Address: 1438 Webster St., Ste 400
Oakland, CA 94612
Phone: 510-238-1040

CONTRACTING DEPARTMENT: Health Services Department - Public Health Division

Service Requested: Develop & implement specialty medical care initiative
Contract Term: 4/1/09 - 12/20/10
Contract Value: \$250,000.00
Compliance with Human Resources requirements? Yes ☒ No: ☐
Compliance verified by: N/A - Incoming Funding

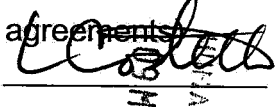
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: ☒ Disapproved: ☐ Date: 3/19/09 By: 
Approved: ☐ Disapproved: ☐ Date: By:

Recommend signature by someone from County Dept. (if not signing as Project Director already) and identifying that person as Contract Administrator for the County for purpose of compliance with grant conditions.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ☒ Disapproved: ☐ Date: 3/19/09 By: 
Approved: ☐ Disapproved: ☐ Date: By:

RECEIVED
HUMAN RESOURCES DEPT
MAR 19 PM 4:12

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

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