

CONTRACT ROUTING SHEET

Contract #: 279-00911

Date Prepared: 5/12/09

Need Date: 5/13/09

PROCESSING DEPARTMENT:

Department: Health Services
Dept. Contact: Tom Michaelson
Phone #: 6203
Department
Head Signature: [Signature]

CONTRACTOR:

Name: Amador County
Address: 10877 Conductor Blvd Ste 300
Sutter Creek, CA 95685
Phone: 209-223-6412 George Sonsel

CONTRACTING DEPARTMENT: Health Services

Service Requested: Contract review/approval

Contract Term: July 1, 2008 until terminated Contract Value: As needed, not stated

Compliance with Human Resources requirements? Yes: N/A No: _____

Compliance verified by: EDC Mental Health providing PHF services to Amador County

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

Approved: ✓ Disapproved: _____ Date: 5-13-09 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 5/13/09 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: _____