

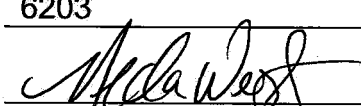
Internal Contract No: 083-MHD0109  
Purchasing Contract No: 448-00910  
Index Code: 419100

# CONTRACT ROUTING SHEET

Date Prepared: January 19, 2010

Need Date: 2/2/10

**PROCESSING DEPARTMENT:**

Department: Health Svcs Dept – MH Div.  
Dept. Contact: Thomas Michaelson  
Phone #: 6203  
Department  
Head Signature:   
Neda West, Director


**CONTRACTOR:**

Name: Alpine County Behavioral Health  
Address: 75" C" Diamond Valley Road  
Markleeville, CA 96120  
Phone: 530-694-1816

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

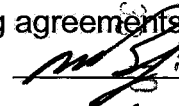
Service Requested: Provide Psychiatric Emergency Services to Alpine County  
Contract Term: Execution date to 6/30/11 Contract Value: \$25,000.00  
Compliance with Human Resources requirements? Yes  No:   
Compliance verified by: N/A – revenue agreement

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

Approved:  Disapproved: \_\_\_\_\_ Date: 1-25-10 By:   
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: 1/26/10 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: \_\_\_\_\_

Program Mgr/Date

Finance/Date

ELI DUBOIS COUNTY HEALTH SERVICES DEPARTMENT  
2010 JAN 21 PM 8:27  
RECEIVED  
JAN 25 AM 8:27