


Contract #: Resolution 9515  
Index Code: 450000

# CONTRACT ROUTING SHEET

Date Prepared: 9/5/15 9/11/15

Need Date: 9/18/15

**PROCESSING DEPARTMENT:**

Department: HHSA/Mental Health  
Division: \_\_\_\_\_  
Dept. Contact: Kathryn Lang  
Phone #: X7147  
Department: \_\_\_\_\_  
Head Signature:   
Don Ashton, M.P.A., Director

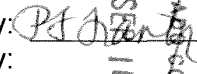
**CONTRACTOR:**

Name: Resolution  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA/Mental Health Division

Service Requested: Resolution Designating Detention Facilities as treatment facilities  
Contract Term: N/A Contract/Grant Value: N/A  
Compliance with Human Resources requirements? N/A x Yes \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: X Disapproved: \_\_\_\_\_ Date: 9/14/15 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2015 SEP 14 AM 8:10

**PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!**

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

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

Nothing for Risk to Review

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

**NOTE:** Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: EDSO

Approved: See Email Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

CFO Review \_\_\_\_\_ Date \_\_\_\_\_

Deputy Director, Administration and Contracts \_\_\_\_\_ Date \_\_\_\_\_