

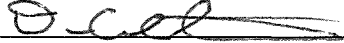
Contract #: 195-M1011, A1
Index Code: 418400

CONTRACT ROUTING SHEET

Date Prepared: 08-21-2013

Need Date: 09-20-2013

PROCESSING DEPARTMENT:

Department: HHSA/Mental Health
Dept. Contact: Zhana Mc Cullough
Phone #: 7154
Department
Head Signature: 
Don Ashton, Interim Director

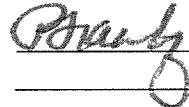
CONTRACTOR:

Name: Nevada County
Address: 950 Maidu Avenue
Nevada City, CA 95959
Phone: _____

CONTRACTING DEPARTMENT: HHSA/Mental Health

Service Requested: EDC to provide MH services for Nevada County Clients at the EDC PHF
Contract Term: 07/01/2009 - ~~12/31/2013~~ 06/30/2014 Contract/Grant Value: ~~\$249,375~~ 225,000
Compliance with Human Resources requirements? N/A _____ Yes _____ No: _____
Compliance verified by: n/a - incoming revenue

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

Approved: X Disapproved: _____ Date: 9/10/13 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____


1) NOTE: Amend date, pg 1 seems wrong
2) Need to send debarment letter to Nev. City since we are sub KV.

1) corrected 09-16-2013 3cm
2) Will send debarment letter to Nevada County with the Amendment fully executed Agreement.

3cm

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

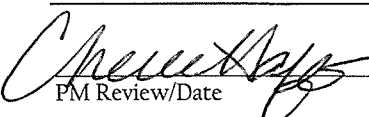
Approved: ✓ Disapproved: _____ Date: 9/12/13 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

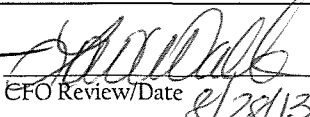
OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

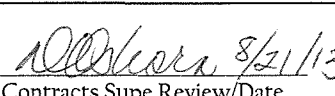
NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

Departments:

Approved: ✓ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____


PM Review/Date


CFO Review/Date 8/28/13

 8/21/13
Contracts Supe Review/Date


8/30