

CONTRACT ROUTING SHEET

Date Prepared: 3/20/08

Need Date: _____

PROCESSING DEPARTMENT:

Department: Mental Health
Dept. Contact: Tom Michaelson
Phone #: 6203
Department
Head Signature: John Bachman

CONTRACTOR:

Name: Nevada County
Address: 500 Crown Point Circle, St 120
Grass Valley, CA 95945
Phone: 530-265-1437

CONTRACTING DEPARTMENT: Mental Health

Service Requested: Mental health services
Contract Term: Two years Contract Value: \$92,000.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 3-21-08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT

DATE: 3/21/2008
ATTORNEY: ED KUPAR
DEPT. INDEX NO.: 413100
BY: AJC

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 3/24/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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HUMAN RESOURCES DEPT
MAR 24 PM 4:36

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____