

CONTRACT ROUTING SHEET

Date Prepared: April 23, 2012

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: HHS/MHD

Dept. Contact: DeAnn Osborn

Phone #: X6145

Department

Head Signature: 

Daniel Nielson, Director

CONTRACTOR:

Name: _____

Address: _____

Phone: _____

EL DORADO COUNTY COUNSEL
2012 MAY 21 PM 1:00

CONTRACTING DEPARTMENT: Health and Human Services Agency/Mental Health Division

Service Requested: Resolution to establish Certification Review Hearing Officer procedures

Contract Term: _____ Contract Value: _____

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 5/21/12 By: 


Approved: Cond't Disapproved: _____ Date: 5/3/12 By: _____

Received 5/2; please include amended Chapter IV of the County Mental Health Plan Update prior to submission to Board

Resubmitted 5/21/12 with Plan Update & draft resolution.

Please forward to Risk Management. Thanks!

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 5-4-12 By: 

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

RISK MANAGER

EL DORADO COUNTY

RECEIVED
SOURCES DEPT.
MAY 14 AM 9:06

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

Departments: _____

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

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

12 MAY 21 PM 2:35

Please contact DeAnn Osborn to arrange for pick-up. Thank you!