

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 9/21/18 9/28/18

Need Date: 10/5/18 10/10/18 - Board date of 10/30/18

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: 6901
Department
Head Signature: *Satira Charles-Hodges*

CONTRACTOR:

Name: NA
Address: NA
Phone: _____
Org Code: NA

CONTRACTING DEPARTMENT: Health & Human Services Agency

Service Requested: Resolution to continue the Assisted Outpatient Treatment Program
Contract Term: NA Contract Value: FY 18/19 \$34,862

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

Approved: X Disapproved: _____ Date: 9/1/18 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2018 SEP 28 AM 11:11:2

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x6901 FOR PICK-UP...THANKS!