

Contract #: Boilerplate Master
T-House Lease

Index Code:

CONTRACT ROUTING SHEET

Date Prepared: 2/26/14

Need Date: 3/25/14 Htw

EL DORADO COUNTY COUNSEL
2014 MAR 12 AM 9:30

PROCESSING DEPARTMENT:

Department: HHSA/MHD
Dept. Contact: Heather Longo
Phone #: X7373
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: Various
Address:
Phone:

Don Ashton, M.P.A.,
Director

CONTRACTING DEPARTMENT: HHSA/Mental Health Division

Service Requested: Boilerplate Agreement for Mental Health Transitional Housing leases

Contract Term: _____ Contract/Grant Value: _____

Compliance with Human Resources requirements? N/A Yes No:

Compliance verified by: _____

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

Approved: X conditional Disapproved: _____ Date: 3/19/14 By: *[Signature]*

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

See comments on ss 4 and 5 and fix.
Converted 3/24/14 Htw

****DeAnn Osborn, Contracts Unit Supervisor, owns property next to a proposed MH T-House and DeAnn Osborn is in negotiations to rent her house to the County for the same purposes. DeAnn Osborn has completely recused herself from all activity regarding development and approval of this Agreement.**

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: *[check]* Disapproved: _____ Date: 3/20/2014 By: *[Signature]*

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

no certs to approve - language is approved

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:

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

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

Please contact (NAME: Heather Longo) with questions or for contract packet pick-up. Thank you!

Contracts Supe Review/Date

Program Mgr. Review/Date

Contracts Mgr. Review/Date

CFO Review/Date