

CONTRACT ROUTING SHEET

Date Prepared: 8/8/08

Need Date: 8/22/08

PROCESSING DEPARTMENT:

Department: CAO Procurement & Contracts
Dept. Contact: Bonnie Rich
Phone #: Ext 5940
Department
Head Signature: John Bachman

CONTRACTOR:

Name: Sacramento County
Address: 7001 A East Parkway, Suite 1000
Sacramento, CA 95823-2501
Phone: 916-875-2002

EL DOR COUNTY COUNSEL
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CONTRACTING DEPARTMENT: Mental Health

Service Requested: Sacramento County use of EDC Psychiatric Health Facility
Contract Term: 7/1/08 to 6/30/09 Contract Value: \$100,000.00
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 8-18-08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 8/20/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Certificates of self insurance attached to each agreement copy.

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

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

STATE CONTRACT

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HUMAN RESOURCES DEPT
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