

Internal Contract No: 255-105-M-E2010
Purchasing Contract No: 397-S1011
Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: March 10, 2010

Need Date: 3/31/10

PROCESSING DEPARTMENT:
Department: Health Svcs Dept – MH Div.
Dept. Contact: Thomas Michaelson
Phone #: 6203
Department Head Signature: *Neda West*
Neda West, Director

CONTRACTOR:
Name: Sierra Child and Family Services, Inc.
Address: 6692-B Merchandise Way
Diamond Springs, CA 95619
Phone: 530-626-2589, ext 101

CONTRACTING DEPARTMENT: Health Services Department – Mental Health Division
Service Requested: Outpatient mental health services for minors
Contract Term: 7/1/10 to 6/30/11 Contract Value: \$720,000.00
Compliance with Human Resources requirements? Yes No
Compliance verified by: Chris Little

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: _____ Date: 4-5-10 By: *led/brent*
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COURSE
2010 MAR 23 AM 10:55
EL DORADO COUNTY COURSE
2010 MAR 23 AM 11:51

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: _____ Date: 4/6/10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

[Signature] 3/10/10
Program Mgr/Date

[Signature] 3/19/10
Finance/Date