

Contract #: 029-F1111 A1  
Index Code: 404112

# CONTRACT ROUTING SHEET

Date Prepared: 5/15/14

Need Date: 6/1/14

**PROCESSING DEPARTMENT:**

Department: HHS/Mental Health

Dept. Contact: Sharon Keoppel

Phone #: 4811

Department Head Signature: 

Don Ashton, M.P.A., Director

**CONTRACTOR:**

Name: CA DHCS-Fiscal Mgmt. & Accountability Branch

Address: P.O. Box 997413, MS 2629  
Sacramento, CA 95899-7413

Phone: 916-327-4886

**CONTRACTING DEPARTMENT:** Health and Human Services Agency

Service Requested: Funding for Alcohol and Drug Services *net negotiated agreement*

Contract Term: 7/1/10 - 6/30/14 Contract/Grant Value: \$4,407,062

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

Compliance verified by: Feasibility Analysis attached.

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

Approved:  Disapproved:  Date: 5/29/14 By: 

Approved:  Disapproved:  Date:  By:

2014 MAY 29 AM 10:38  
COLORADO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved:  Disapproved:  Date: 6/3/14 By: 

Approved:  Disapproved:  Date:  By:

*Nothing for Risk*

JUL 12 AM 8:25  
HUMAN SERVICES DEPT


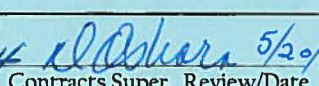
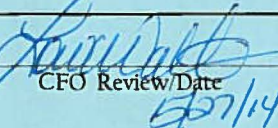

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract)

**NOTE:** All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

 5/19/14 PM Review/Date  
 5/20/14 Contracts Super. Review/Date  
 5/27/14 CFO Review/Date  
 5/28/14 Asst. Director of Admin & Finance Review/Date