

CONTRACT ROUTING SHEET

Date Prepared: March 18, 2008

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Mental Health

CONTRACTOR:

Name: El Dorado County Community Health Center

Address: 4327 Golden Center Drive
Placerville, CA 95667

Phone: (530) 621-7700

Dept. Contact: Raphael Metzger

Phone #: x6312

Department: _____

Head Signature: John Bachman

CONTRACTING DEPARTMENT: Mental Health Department

Service Requested: Mental Health Services

Contract Term: 3-1-2008 to 5-31-2011

Contract Value: \$50,000

\$0.00

Compliance with Human Resources requirements? Yes: N/A

No:

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 3-20-08 By: [Signature]

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

ASSIGNMENT
3/20/2008
DATE
RECEIVED
HUMAN RESOURCES
08 MAR 24 AM
FOR DEPT/TORNEY ED KAY
DEPT/INDEX NO 443100
BY: [Signature]

EL DORADO COUNTY COUNSEL
2008 MAR 20 PM 3: 31
Hand Delivered

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 3/24/08 By: [Signature]

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: _____