


Internal Contract No: 005-189-M-R2011  
Purchasing Contract No: 017-S1210  
Index Code: 419100

# CONTRACT ROUTING SHEET

Date Prepared: ~~April 27, 2011~~ 5/10/2011

Need Date: ASAP

## PROCESSING DEPARTMENT:

Department: Health Svcs - Mental Health  
Dept. Contact: Cinda Smith x6377  
2<sup>nd</sup> Contact: Tom Michaelson  
Department  
Head Signature:   
Neda West, Director

## CONTRACTOR:


Name: Alpine County  
Address: 75 "C" Diamond Valley Road  
Markleeville, CA 96120  
Phone: 530-694-1816

## CONTRACTING DEPARTMENT: Health Services Department

Service Requested: El Dorado County will provide psychiatric emergency services for Alpine County for 5150 assessments

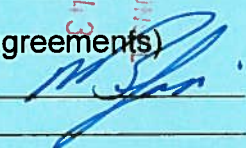
Contract Term: 7/1/2011-6/30/2014 Contract Value: \$25,000.00  
Compliance with Human Resources requirements? Yes  No:   
Compliance verified by: N/A - Incoming Funding

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

Approved:  Disapproved:  Date: 7/13/11 By:   
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: 7/13/11 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: \_\_\_\_\_

 5/10/11  
Program Manager Date

 6/17/11  
Finance Date