

Internal Contract No: 293-162-M-E2011
Purchasing Contract No: 433 - 51111
Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: February ²⁴ 18, 2011

Need Date: 3/3/11

PROCESSING DEPARTMENT:
Department: Health Svcs - Mental Health
Dept. Contact: Kathy Lang x 6362
2nd Contact: Tom Michaelson
Department
Head Signature: Neda West
Neda West, Director

CONTRACTOR:
Name: Amador County
Address: 810 Court Street
Jackson, CA 95642
Phone:

RECEIVED
AMADOR COUNTY
11 MAR - 5 PM 3:25

CONTRACTING DEPARTMENT: Health Services Department
Service Requested: Psychiatrist coverage for MH clients
Contract Term: on signature for 12 months
Contract Value: \$70,000.00
Compliance with Human Resources requirements? Yes No
Compliance verified by: Feasibility Analysis Attached

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: _____ Date: 3/2/11 By: [Signature]
Approved: Disapproved: _____ Date: 4/5/11 By: [Signature]

*approval provisioned upon submittal of required documents
of insurance coverage - Done
Reference to first Exhibit should be "A", 2d s/b "B", 3d s/b "C".
Resubmit 2/24/11 to Amador revisions.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: _____ Date: 4/6/11 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

*Check 14.00 to see they will provide address
of des*

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

[Signature] 2/24/11
Program Manager / date

[Signature] 2/24/11
Finance / date

2011 FEB 29 AM 11:30
2011 MAR 29 PM 2:05
AMADOR COUNTY COUNSEL