

Resubmittal (- Revisions 10/16/09 as of

Contract #: PHF BOILERPLATE

# CONTRACT ROUTING SHEET

Date Prepared: 7/22/09

Need Date: 7/30/09

**PROCESSING DEPARTMENT:**

Department: Health Services

Dept. Contact: Terri Knowlton

Phone #: 621-5571

Department

Head Signature: *Terri Knowlton for Nevada West*

**CONTRACTOR:**

Name: OTHER CALIFORNIA COUNTY

Address: Proposed Boilerplate for all future PHF contracts with other

Phone: counties

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CALIFORNIA COUNTY COUNSEL

**CONTRACTING DEPARTMENT:** Health Services – Mental Health Division

Service Requested: Contract review / approval

Contract Term: Upon execution, until terminated Contract Value: Varies

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

Compliance verified by: EDC Mental Health providing services to other Counties

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

Approved: ✓ Disapproved:    Date: 8-10-09 By: *Cal Fran*

Approved: ✓ Disapproved:    Date: 10-20-09 By: *Cal Fran*

*\* With revisions outlined in memo of 10-20-09.*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved:    Date: 10/22/09 By: *M.B.*

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: