


Internal Contract No: 170-MHD1009
Purchasing Contract No: 281-M1011
Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: December 18, 2009

Need Date: 1/19/10

PROCESSING DEPARTMENT:

Department: Health Svcs Dept – MH Div.
Dept. Contact: Thomas Michaelson
Phone #: 6203
Department
Head Signature: 
Neda West, Director


CONTRACTOR:

Name: Black Oak Mine Unified School District
Address: P.O. Box 4510
Georgetown, CA 95634
Phone: 530-333-8300

CONTRACTING DEPARTMENT: Health Services Department – Mental Health Division

Service Requested: MHD to provide mental health services to BOMUSD students
Contract Term: 3/30/10 to 6/30/12 Contract Value: \$0
Compliance with Human Resources requirements? Yes No:
Compliance verified by: N/A – non-revenue agreement


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

Approved: Disapproved: _____ Date: 1-6-09 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
COUNTY COUNSEL
JAN - 5 AM 11:06

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 1/6/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
RISK MANAGEMENT
JAN - 6 AM 9:30

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

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

Program Mgr/Date

Finance/Date