

Contract #: 378-S1010. A2
Index Code: 418400

CONTRACT ROUTING SHEET

Date Prepared: 3/5/13

Need Date: 3/19/13

PROCESSING DEPARTMENT:
Department: HHSA/Mental Health
Dept. Contact: Kathy Lang

Phone #: X7147
Department
Head Signature: *Daniel Nielson*
Daniel Nielson, M.P.A., Director

CONTRACTOR:
Name: Placer County
Address: 3091 County Center Drive, Suite 290
Auburn, CA 95603
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency/MHD
Service Requested: EDC to provide MH services for Placer Co Clients at the EDC PHF
Contract Term: Perpetual Contract/Grant Value: \$100,000 / yr
Compliance with Human Resources requirements? N/A Yes _____ No: _____
Compliance verified by: Not applicable – incoming funding

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: _____ Date: 3/11/13 By: *Practy*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2013 MAR -6 AM 11:13

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: _____ Date: 3/18/2013 By: *Sham*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED RISK MGMTS DEPT.
2013 MAR 12 AM 8:11

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

Cherice *Laura* *Walter* *Walter* *Walter* *Cynthia*
PM Review/Date 2/28/13 CFO Review/Date 2/28/13 Contracts Supe Review/Date 3/5/13 Contracts Mgr. Review/Date 3/4/13
11-1203 2A 1 of 1