


Contract #: Resolution
Index Code: 418400

CONTRACT ROUTING SHEET

Date Prepared: ~~7/29/14~~ 8/6/14

Need Date: 8/8/14

PROCESSING DEPARTMENT:

Department: HHS/Mental Health
Dept. Contact: Kathryn Lang
Phone #: Ext. 7147
Department
Head Signature: 
Don Ashton, M.P.A., Director

CONTRACTOR:

Name: Resolution for MH Rates
Address:
Phone:

CONTRACTING DEPARTMENT: HHS/Mental Health Division

Service Requested: Resolution to set MH Rates
Contract Term: Contract/Grant Value:
Compliance with Human Resources requirements? N/A Yes No:
Compliance verified by:

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

Approved: Disapproved: Date: 8/6/14 By: 
Approved: Disapproved: Date: By:

Call Kathy Lang x 7147 when ready

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By:

Does not require Risk Management Review

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments:

Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By:


CFO Review

7/30/14
Date


Assistant Director - Admin/Finance

8/14/14
Date