

Contract #: Resolution -Master  
T-House Lease

Index Code:

# CONTRACT ROUTING SHEET

Date Prepared: 5/1/14

Need Date: 5/15/14 (HW)

**PROCESSING DEPARTMENT:**

Department: HHS/MHD  
Dept. Contact: Heather Longo  
Phone #: X7373  
Department  
Head Signature: *[Signature]*

**CONTRACTOR:**

Name: Various  
Address:  
Phone:

Don Ashton, M.P.A.,  
Director

**CONTRACTING DEPARTMENT:** HHS/Mental Health Division

Service Requested: Boilerplate Agreement for Mental Health Transitional Housing leases-  
Resolution

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: 5/20/14 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2014 MAY -9 AM 1:00

*Note:*

**\*\*DeAnn Osborn Contracts Unit Supervisor owns property next to a proposed MH T-House and DeAnn Osborn is in negotiations to rent her house to the County for the same purposes. DeAnn Osborn has completely recused herself from all activity regarding development and approval of this Agreement and Resolution.**

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**Please contact Heather Longo x7373 with questions or for contract packet pick-up. Thank you!**

Contracts Supe Review/Date \_\_\_\_\_ Program Mgr. Review/Date *[Signature]* 5/5/14 \_\_\_\_\_ 5/7/14 \_\_\_\_\_ 140509 A1 of 1 \_\_\_\_\_ 5/7/14  
Contracts Mgr. Review/Date \_\_\_\_\_ CFO Review/Date \_\_\_\_\_