


Contract #: 034-S1111, A1  
Index Code: 418400

# CONTRACT ROUTING SHEET

Date Prepared: 08-21-2013

Need Date: 09-20-2013

### PROCESSING DEPARTMENT:

Department: HHS/Mental Health  
Dept. Contact: Zhana Mc Cullough  
Phone #: 7154  
Department Head Signature:   
Don Ashton, Interim Director

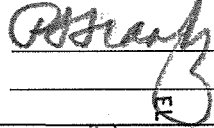
### CONTRACTOR:

Name: Shasta County HHS  
Address: P. O. Box 496005  
Redding, CA 96049  
Phone:

### CONTRACTING DEPARTMENT: HHS/Mental Health

Service Requested: EDC to provide MH services for Shasta County Clients at the EDC PHF  
Contract Term: 07/01/2010 - ~~12/31/2013~~ 06/30/2014 Contract/Grant Value: ~~\$400,000~~ 500,000  
Compliance with Human Resources requirements? N/A Yes No  
Compliance verified by: n/a - incoming revenue


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

Approved:  Disapproved:  Date: 9/10/13 By:   
Approved:  Disapproved:  Date:  By:

NOTE: the Amend #, date of Amend on pg 1 - seems wrong  
changed 09-17-2013 gm  
Need to send Ad distb letter to Shasta Co HHS so they can  
tell their fed sources I since we are a "sub contractor" to their HHS  
in this contract Will send debarment letter  
to Shasta County with  
fully executed Amendment  
gm

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

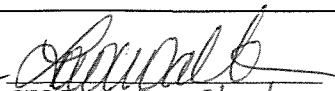
Approved:  Disapproved:  Date: 9/12/13 By:   
Approved:  Disapproved:  Date:  By:

### 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:

  
PM Review/Date

  
CFO Review/Date 8/28/13

  
Contracts Supr Review/Date 8/21/13

  
HA  
8/30