Contract #: 396-F1311

Index Code:

419100

CONTRACT ROUTING SHEET

Date Prepared:	4/16/13	Need Date	e: <u>4</u>	130113	
PROCESSING DEPARTMENT: CONTRACTOR:					
Department:	Health and Human Services	Name:		County He	alth & Social
Dept. Contact:	Kathy Lang	Address:	A CHARLEST AND A CONTRACTOR OF	k Avenue.	MS 5-220
Phone #:	X7147		PO Box		
Department		Phone:		CA 9453	3
Head Signature:			(707) 78	4-8396	
	Daniel Nielson, M.P.A., Director				
CONTRACTING		nan Services A	Agency – I	Mental He	ealth Division
	ed: Funding Agmt for use of the E				
Contract Term:				lue: \$2,6	
	Human Resources requirements? ed by: N/A funding agmt.	N/A _x	Yes		No:
COUNTY COUNS	SEL: (Must approve all contracts a	and MOU's)	,		EL C
Approved: X		Date: 4/17	112	By PA	表面
Approved:		Date:	110	By:	7
					7
Resubmitting to C	county following edits as recomme	nded 3/27/13			7
					TY
	11-11-11-11				d Con
					9 1
-	PLEASE FORWARD TO RISK N				
RISK MANAGEN	IENT: (All contracts and MOU's ex	cept boilerplat	e grant fu	inding ag	reements)
Approved:	The state of the s	Date: WYO	1013	By:	nauve
Approved:	Disapproved:	Date:		_ By: _	
					<u> </u>
					APR
***		· · · · · · · · · · · · · · · · · · ·			00
-					
					7
NOTE: All contracts	/AL: (Specify department(s) particles that involve the acquisition of software quires approval from another department	or computer rela	ated items	must be ap	proved by IT first.
Departments:					
Approved:		Date:		By:	
Approved:	Disapproved:	Date:		By:	
-					
		-		-	-

Page 1001

PM Review/Date

211d13

Contract #:

396-S1311

Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared:	2/08/13	Need Dat	e: <u>3/14/13</u>
PROCESSING DI	EPARTMENT:	CONTRA	CTOR:
Department:	HHSA/Mental Health	Name:	Solano County Health & Social Services
Dept. Contact:	Kathy Lang	Address:	275 Beck Avenue, MS 5-220
Phone #:	X7147		PO Box 4090
Department	1 - 10110	Phone:	Fairfield, CA 94533
Head Signature:	(Sinul Nuks		(707) 784-8396
	Daniel Nielson, M.P.A., Dire	ector	
CONTRACTING	DEPARTMENT: Health & I	Human Services Ag	ency / MHD
	d: Short-form Agmt for sing		
Contract Term: 5			/Grant Value: \$2,600.00
Compliance with I	Human Resources requireme	ents? N/A x	Yes No:
Compliance verific	ed by: This is a revenue Ag	mt - fee for services	provided in the EDC PHF
COUNTY COUNS	SEL: (Must approve all contr	acts and MOLI's)	1-1
Approved:	Disapproved:	Date: 2 1	7/13 By: Verolita Kin
Approved:	Disapproved:	Date:	By:
Approvou.	Disapproved.	Dutc.	by
	rt-form Agmt will allow Soland ano County Client admitted to		C for services provided 9/26/11 –
	Indomnity Ansement		nce to standard
, ,			ement with sinderstanding
that char	ges for services u	rould be ne	workelized the
	garoement? Ver		S S II
> Need to a		VO/Q	3
A Use o	of form well work u	ith adolphona	
			THANK YOU! Specific 12/02 HA
			te grant funding agreements)
Approved:	Disapproved:	Date:	By: beny
Approved:	Disapproved:	Date:	By:By
			200212000000
-			
OTHER APPROV	/AL: (Specify department(s)	participating or dire	ctly affected by this contract).
NOTE: All contracts	s that involve the acquisition of so	oftware or computer re	ated items must be first approved by IT.
Committee of the Section of the Sect	quires approval from another dep	artment must also be t	irst approved by the other department.
Departments:			
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
7		1002/100	2/16/12

Contracts Supe Review/Date

CFO Review/Date 2/14/13

Contracts Mgr. Review/Date 13-0771 A 2 of 2