

Contract #: 09-1318
Index Code: 531410

CONTRACT ROUTING SHEET

Date Prepared: 6/18/13

Need Date: 7/8/13

PROCESSING DEPARTMENT:

Department: HHS/CS
Dept. Contact: Amy Higdon

FUNDING AGENCY:

Name: CA Dept of Health Care Services
Address: 1501 Capitol Ave. Suite 71.3024, MS 4603
Sacramento, CA 95814-5005
Phone:

Phone #: x4836

Department
Head Signature: [Signature]
Jan Walker-Conroy, Interim Director

CONTRACTING DEPARTMENT: Health and Human Services Agency/CS

Service Requested: Targeted Case Management program agreement
Contract Term: 7/1/13-6/30/18 Contract/Grant Value: \$124,000 p/yr (approx)
Compliance with Human Resources requirements? N/A Yes x No:
Compliance verified by: Mike Strella

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

Approved: Disapproved: Date: 7/3/2013 By: K. Markham
Approved: Disapproved: Date: 7/23/2013 By: K. Markham

1) there is nothing in the agreement that establishes the amount of the contract/funding or the scope
2) This requires the letters, i.e. assurances & certifications (See Dept. Head)

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: _____

Nothing for Risk guy

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

[Signature] 6/24/13
CFO Review/Date

[Signature] 6/18/13
Contracts Supe Review/Date

Contracts Mgr. Review/Date
13-0998 A 1 of 2

Contract #: 09-1318 Resolution 8
CCC307

Index Code: 531410

CONTRACT ROUTING SHEET

Date Prepared: 7/26/13

Need Date: 8/6/13

PROCESSING DEPARTMENT:

Department: HHSA/CS

Dept. Contact: Amy Higdon

Phone #: x4836

Department

Head Signature: 

Don Ashton, Interim Director

FUNDING AGENCY:

Name: CA Dept of Health Care Services

Address: 1501 Capitol Ave. Suite 71.3024,
MS 4603

Sacramento, CA 95814-5005

Phone:

CONTRACTING DEPARTMENT: Health and Human Services Agency/CS

Service Requested: Resolution and CCC307 for Targeted Case Management program agreement

Contract Term: _____ Contract/Grant Value: \$ _____

Compliance with Human Resources requirements? N/A _____ Yes _____ No: x

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 8/6/2013 By: K. Markham

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

- 1) See typo on Reso
- 2) This needs the certification & assurances letters
- 3) Do you want to change contract administrator to Don Ashton?

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: _____

nothing for RUK to approve (By: 8-8-13)

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

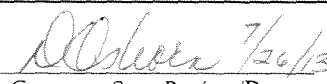
NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

Departments: _____

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

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

EL DORADO COUNTY COUNCIL
2013
30 AUG 27
13 AUG - 8 AM 8:08
HUMAN RESOURCES DEPT

 7/26/13