

CONTRACT ROUTING SHEET

Date Prepared: 12/23/08

Need Date: 1/6/09

PROCESSING DEPARTMENT:

Department: Health Services
Dept. Contact: Thomas Michaelson
Phone #: X6203
Department
Head Signature: *Thomas Michaelson*

CONTRACTOR:

Name: CA Dept of Mental Health
Address: 1600 9th Street, Room 420
Sacramento, CA 95814
Phone: 916-653-7968

EL DORADO COUNTY COUNSEL
2009 JAN 2 PM 1:44

CONTRACTING DEPARTMENT: Health Services

Service Requested: SAMHSA Block Grant renewal application
Contract Term: 7/1/08 through 6/30/09 Contract Value: \$136,063.00
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 1-8-09 By: *Ed Kraus*
Approved: _____ Disapproved: _____ Date: _____ By: _____

** please verify that the ability to accept the block grant
has been delegated by the BOS to the M.H.
director*

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HUMAN RESOURCE
09 JAN -9 PM 2:01

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 1/12/09 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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

*M. Michaelson 12/23/08
CSH-L*