

Contract #: 047-S1511
Index Code: 418400

CONTRACT ROUTING SHEET

Date Prepared: 5/5/14

Need Date: 5/22/15

PROCESSING DEPARTMENT:

Department: HHS
Dept. Contact: Sharon Keoppel
Phone #: 4811
Department Head Signature: *[Signature]*
Don Ashton, Director

CONTRACTOR:

Name: County of Nevada
Address: 950 Maidu Avenue, PO Box 1210
Nevada City, CA 95959
Phone: 530 470 2421

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: EDC to provide MH services for Nevada County Clients at the EDC PHF
Contract Term: 7/1/14 - 6/30/17 Contract/Grant Value: \$711,750
Compliance with Human Resources requirements? N/A xx Yes No
Compliance verified by: REVENUE AGREEMENT

992,210
992,000

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

Approved: Disapproved: _____ Date: 5/19/14 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please note that the contract's NTE may be negotiated & is subject to change. sk

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: _____ Date: 5/21/2014 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2014 MAY 13 AM 9:31
EL DORADO COUNTY COUNSEL

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: _____

[Signature] PM Review/Date
[Signature] 5/6/14 Contracts Super Review/Date
[Signature] CFO Review/Date
[Signature] 5/12/14 Asst. Director of Admin & Finance Review/Date