

Internal Contract No: 398-159-M-E2011
Purchasing Contract No: 082-51210
Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: ~~May 26, 2011~~ June 1, 2011 Need Date: Please Rush

PROCESSING DEPARTMENT:

Department: Health Svcs Dept - MH Div.
Dept. Contact: Thomas Michaelson
Phone #: 6203
Department Head Signature: Neda West
Neda West, Director

CONTRACTOR:

Name: Gia-Evita Lanzano, MD
Address: PO Box 293
Shingle Springs, CA 95682
Phone: 916-204-6782

CONTRACTING DEPARTMENT: Health Services Department - Mental Health Division

Service Requested: Inpatient and outpatient mental health services for adults
Contract Term: Date of execution for 12 months Contract Value: ~~\$225,000~~ \$260,000
Compliance with Human Resources requirements? Yes No
Compliance verified by: Chris Little

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

Approved: Conrad Disapproved: _____ Date: 6/8/11 By: Lush Red
Approved: ✓ Disapproved: _____ Date: 6/30/11 By: Lush Red

Revised indemnity as marked
made revision
Thu 6-10-11
Revisions on Resubmission approved to B

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 6/8/11 By: MS
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: _____

[Signature] 5/26/11
Program Mgr/Date

[Signature] 5/25/11
Finance/Date