


Contract #: 380-S1511
Index Code: 419600

CONTRACT ROUTING SHEET

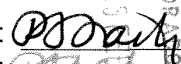

Date Prepared: 2/19/15

Need Date: 3/5/15

PROCESSING DEPARTMENT:
Department: HHSA/Mental Health
Dept. Contact: Kathryn Lang
Phone #: Ext. 7147
Department
Head Signature: 
Don Ashton, M.P.A., Director

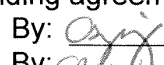
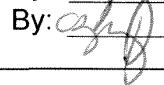
CONTRACTOR:
Name: El Dorado County Office of Education
Address: 6767 Green Valley Rd
Placerville, CA 95667
Phone: _____

CONTRACTING DEPARTMENT: HHSA/Mental Health
Service Requested: Development of on-line training for educators re Suicide Warning Signs
Contract Term: Upon execution - 6/30/17 Contract/Grant Value: -\$135,000
Compliance with Human Resources requirements? N/A Yes No
Compliance verified by: See attached Feasibility Analysis

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: _____ Date: 2/23/15 By: 
Approved: Disapproved: _____ Date: 4/15/15 By: 


Resubmit 4/10/15 - request change from EDCOE. @
NOTE: This reciprocal indemnity, because language is NOT the county std, but sim. language has been used occasionally for contracts with other public entities. It has some risks, but it is a political decision whether to accept EDCOE's proposed lang or not

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: _____ Disapproved: Date: 2/26/15 By: 
Approved: (cond) Disapproved: _____ Date: 4/15/15 By: 
please have correct Add End
end. in Ebox prior to work on
contract

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

 2/17/15
CFO Review Date

 2/18/15
Program Manager II, Administration and Contracts Date