

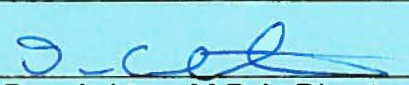
Contract #: 195-M1011, A2
Index Code: 418400

CONTRACT ROUTING SHEET

Date Prepared: 5/2/14

Need Date: 5/22/14

PROCESSING DEPARTMENT:

Department: HHSA/Mental Health
Dept. Contact: Sharon Keoppel
Phone #: X 4811
Department
Head Signature: 
Don Ashton, M.P.A. Director

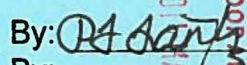
CONTRACTOR:

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

CONTRACTING DEPARTMENT: HHSA/Mental Health

Service Requested: EDC to provide MH services for Nevada County Clients at the EDC PHF *ll*
Contract Term: 7/1/2009- 6/30/2014 Contract/Grant Value: \$255,000 - 180,000
Compliance with Human Resources requirements? N/A XXX Yes No:
Compliance verified by: n/a -Revenue Agreement


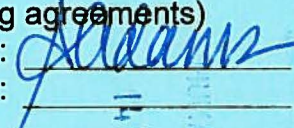
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: Date: 5/19/2014 By: 
Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL
2014 MAY -9 AM 11:06

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: 
Approved: Disapproved: Date: By:

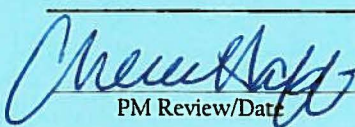
RECEIVED
HUMAN RESOURCES DEPT.
14 MAY 21 AM 9:00

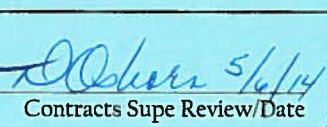
OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract)

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

 5/6/14
Contracts Supe Review/Date

 5/7/14
CFO Review/Date

 5/7/14
Asst. Director of Admin &
Finance Review/Date