

CONTRACT ROUTING SHEET

Date Prepared: 7-28-10

Need Date: 8-10-10

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Amy Higdon
Phone #: x4836

CONTRACTOR:


Name: Maxim Healthcare Services, Inc.
Address: 7227 Lee DeForest Drive
Columbia, MD 21046 (Local
address: 3013 Douglas Blvd.,
#160, Roseville, CA 95661)
Phone: 916 788 1550

Department Head Signature: 

CONTRACTING DEPARTMENT: Human Services

Service Requested: Provision of 24-hour emergency staffing for 1:1 assistance with clients.
Contract Term: 12-1-08 through 11-30-11 Contract Value: \$75,000.00
Compliance with Human Resources requirements? Yes: 9-12-08 No:
Compliance verified by: Patti Barton

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

Approved: ✓ Disapproved: Date: 7-28-10 By: 
Approved: Disapproved: Date: By:

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: Date: 7-29-10 By: 
Approved: Disapproved: Date: By:

Please call Amy Higdon at x4836 for pick up. Thanks.

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

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