

Contract #: 059-01410  
Index Code: 531410

# CONTRACT ROUTING SHEET

Date Prepared: 5/14/13

Need Date: 5/24/13

**PROCESSING DEPARTMENT:**

Department: HNSA/CS

Dept. Contact: Amy Higdon

Phone #: x4836

Department

Head Signature: [Signature]  
Jan Walker-Conroy, Interim Director

**CONTRACTOR:**

Name: Marin County Dept. of Health & Human Services

Address: 20 N San Pedro Rd. #2027  
San Rafael, CA 94903

Phone:

**CONTRACTING DEPARTMENT:** Health and Human Services Agency/CS

Service Requested: Provide services as Host Entity for County (Local Govt. Agency) to participate in the MAA/TCM program and authorize payment of MAA/TCM participation

Contract Term: 7/1/13-6/30/15 Contract/Grant Value: \$16,000

Compliance with Human Resources requirements? N/A  Yes  No:

Compliance verified by:

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

Approved:  Disapproved:  Date: 5/21/2013 By: K. Markham

Approved:  Disapproved:  Date:  By:

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved:  Disapproved:  Date: 5/24/2013 By: [Signature]

Approved:  Disapproved:  Date:  By:

**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:

RECEIVED  
HUMAN RESOURCES DEPT  
13 MAY 23 PM 4:43

EL PORADO COUNTY COUNSEL  
MAY 20 PM 1:02