## CONTRACT ROUTING SHEET

Date Prepared: 05-08-2014
PROCESSING DEPARTMENT:
Department:
Dept. Contact:
Phone \#:
Department Head Signature: HHSA/Mental Health Zhana Mc Cullough
Ext. 7154


Don Ashton, M.P.A., Director

Need Date: Rush, please

## CONTRACTOR:

Name: County of Shasta
Address: P. O. Box 496005
Redding, CA 96001
Phone:

CONTRACTING DEPARTMENT: Health and Human Services Agency/Mental Health
Service Requested: EDC to provide MH services to Shasta County clients at the EDC PHF Contract Term: 07/01/2014 -perpetual Contract/Grant Value: \$100,000/year Compliance with Human Resources requirements? N/A X_ Yes __ No: Compliance verified by: Revenue Agreement
COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: $X \quad$ Date: $\quad$ Disapproved: $19 / 14 \quad$ By: PJdary
Approved:

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OTHER APPROVAL: (Specify departments) participating or directly affected by this contract). NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, 8 of sending of electronic information, the acquisition of software or computer related items, or any other servicelitem 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: Information Technologies


