

CONTRACT ROUTING SHEET

Date Prepared: 3/9/20

Need Date: BOS date 4/7/20

PROCESSING DEPARTMENT:

Department: CAO

Dept. Contact: Sue Hennike

Phone #: 5577

Department: _____

Authorization: 

CONTRACTOR:

Name: Var. Counties

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: N/A

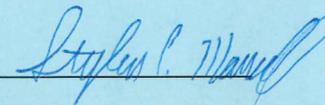
Service Requested: Review MOU to share cost of regional mental health correctional facility feasibility analysis

Contract Term: 6 months Contract Value: \$27,151.11

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

COUNTY COUNSEL:

Approved: Disapproved: _____ Date: 3/9/20 By: 

Approved: _____ Disapproved: _____ Date: _____ By: _____

① Please note that payment terms are undetined in the MOU, and thus subject to further negotiation.

EDC COUNTY COUNSEL
2020 MAR 9 AM 11:02