

Contract #: 203-S1410
Index Code: 418400

CONTRACT ROUTING SHEET

Date Prepared: To Counsel: 10/18/13
Tuesday, October 01, 2013

Need Date: 11/1/13

PROCESSING DEPARTMENT:

Department: Health & Human Services Agency
Dept. Contact: Kathy Lang
Phone #: X 7147
Department
Head Signature: [Signature]
Don Ashton, M.P.A., Interim Director

CONTRACTOR:

Name: A Helping Hand Homecare, LLC
Address: 6092 Pony Express Trail, Suite #1
Pollock Pines, CA 95726
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency – Mental Health Division

Service Requested: In-home health care services
Contract Term: On execution for 12 months Contract/Grant Value: \$62,196
Compliance with Human Resources requirements? N/A Yes _____ No _____
Compliance verified by: Feasibility Analysis attached

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

Approved: [Signature] Disapproved: _____ Date: 10/29/13 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
DORADO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: ✓ cond Disapproved: _____ Date: 11-4-13 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Agent says Primary/Non Contrib endorsement is "coming" in a week. Please confirm receipt of the endorsement

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item 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: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

[Signature] 10/1/13 Contracts Supe Review/Date
[Signature] Program Mgr, Review/Date
[Signature] 10/31/13 Contracts Mgr, Review/Date
[Signature] 10/1/13 CFO Review/Date