

Contract #: 530-M1510
Index Code: 531011

CONTRACT ROUTING SHEET

Date Prepared: 8/17/15 8/26/15 Counsel

Need Date: **RUSH!** 9/2/15

PROCESSING DEPARTMENT:

Department: HHSA/CSD

Dept. Contact: Jennifer Anderson

Phone #: X6901

Department

Head Signature: [Signature]
Don Ashton, M.P.A., Director

CONTRACTOR:

Name: California Health and Wellness Plan

Address: PO Box 1558
Sacramento, CA 95812

Phone:

EL DORADO COUNTY COUNSEL
2015 AUG 26 PM 12:00

CONTRACTING DEPARTMENT: HHSA/Community Services Division

Service Requested: Targeted Case Management MOU for CHWP members

Contract Term: Upon execution until terminated Contract/Grant Value: \$0.00

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

Compliance verified by:

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

Approved: X Disapproved: Date: 8/26/15 By: [Signature]

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: 8/27/15 By: [Signature]

Approved: Disapproved: Date: By:

Nothing for Risk

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:

Please contact Jennifer Anderson (x6901) with questions or for contract packet pick-up. Thank you!

[Signature] 8/21/15
CFO Review Date

[Signature] 8/20/15
Deputy Director, Administration and Contracts Date