

# CONTRACT ROUTING SHEET

Date Prepared: 5/11/07

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: CAO/Proc. & Contracts  
Dept. Contact: Dan Lynch  
Phone #: 5180  
Department  
Head Signature: Bonnie H. Rich  
Bonnie H. Rich

**CONTRACTOR:**

Name: EDC Mental Health Department  
Address: 344 Placerville Drive  
Placerville, CA 95667  
Phone: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2007 MAY 11 PM 1:58  
*Hand Released*

**CONTRACTING DEPARTMENT:** Human Resourced

Service Requested: Implementation and Management of SB 163 Wraparound program  
Contract Term: One (1) Year Contract Value: \$430,000.00  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 5-16-07 By: Calby  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

COUNTY COUNSEL  
DATE: 05/11/2007  
INDEX NO. 024610  
BY: Calby

ASSIGNMENT

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 5/17/07 By: Stoll  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES  
07 MAY 16 PM 12:58

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_