


Internal Contract No: 306-183-M-R2010, Amend I
 Purchasing Contract No: 378-S1010
 Index Code: 419100

CONTRACT ROUTING SHEET


Date Prepared: ~~June 27, 2011~~ July 14, 2011 Need Date: July 28, 2011

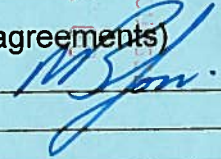
PROCESSING DEPARTMENT:
 Department: Health Svcs Dept – MH Div.
 Dept. Contact: Thomas Michaelson
 Phone #: 6203
 Department Head Signature: 
 Neda West, Director

CONTRACTOR:
 Name: Placer County Health and Human Services
 Address: 379 Nevada Street
 Auburn, CA 95603
 Phone: 530-886-1851

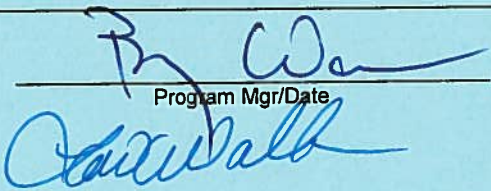
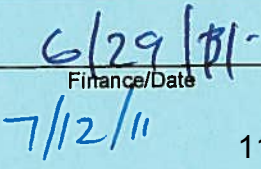
CONTRACTING DEPARTMENT: Health Services Department – Mental Health Division
 Service Requested: Use of EDC Psych Health Facility
 Contract Term: Perpetual agreement beginning 7/1/10
 Contract Value: ~~\$24,000~~ \$32,000 per fiscal year; ~~\$32,000~~ \$35,000 for 7/1/10 through 6/30/11

Compliance with Human Resources requirements? Yes No:
 Compliance verified by: N/A – revenue agreement

COUNTY COUNSEL: (Must approve all contracts and MOU's)
 Approved: Disapproved: _____ Date: 7/18/11 By: 
 Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
 Approved: Disapproved: _____ Date: 7/19/11 By: 
 Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
 Departments: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____


 Program Mgr/Date

 Finance/Date
 6/29/11
 7/12/11