

2011 OCT -8 AM 11:55

CONTRACT ROUTING SHEET

Date Prepared: October 6, 2011

Need Date: Please rush


PROCESSING DEPARTMENT:

Department: Health Svcs Dept – MH Div.

Dept. Contact: Thomas Michaelson

Phone #: 6203

Department

Head Signature: 
Neda West, Director

CONTRACTOR:

Name: Black Oak Mine Unified School District

Address: 6540 Wentworth Springs Road
Georgetown, CA 95634

Phone: 530-333-8300

CONTRACTING DEPARTMENT: Health Services Department – Mental Health Division

Service Requested: BOMUSD to provide Primary Intervention Program to elementary students


Contract Term: Date of execution to 6/30/12

Contract Value: ~~\$60,300~~ \$73,000

Compliance with Human Resources requirements? Yes No

Compliance verified by: _____


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

Approved: Disapproved: _____ Date: 10-7-11 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2011 OCT -8 PM 1:14

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!


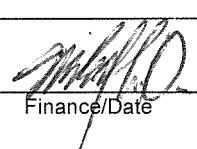
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 10/10/11 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: _____

 10/24/11 Program Mgr/Date
 9/15/11 Finance/Date