

Assigned to EZK

Contract #245-S0911

# CONTRACT ROUTING SHEET

Date Prepared: 8/8/08

Need Date: 8/22/08

**PROCESSING DEPARTMENT:**

Department: Mental Health  
Dept. Contact: John Bachman  
Phone #: X6370  
Department  
Head Signature: John Bachman

**CONTRACTOR:**

Name: CA Dept of Rehabilitation  
Address: 721 Capital Mall  
Sacramento, CA 95814  
Phone: 916-558-5692

EL DOMINIC COUNTY COUNSEL  
2008 AUG 8 PM 3:31  
*Domestic Counsel*

**CONTRACTING DEPARTMENT:** Mental Health

Service Requested: Assist MH clients in obtaining employment  
Contract Term: 7/1/08 to 6/30/11 Contract Value: \$161,613.00  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: XX  
Compliance verified by: Revenue agreement

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8-12-08 By: [Signature]  
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: 8/14/08 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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HUMAN RESOURCES DEPT  
08 AUG 13 PM 2:22

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

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