

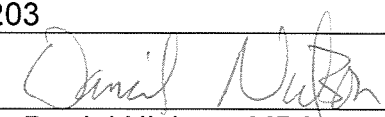
Internal Contract No: 301-183-M-E2011
Purchasing Contract No: 439-S1110,
Amendment I
Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: 10/21/11

Need Date: Please rush

PROCESSING DEPARTMENT:

Department: Health Svcs Dept – MH Div.
Dept. Contact: Thomas Michaelson
Phone #: 6203
Department
Head Signature: 
Daniel Nielson, MPA
Acting Director

CONTRACTOR:

Name: Maxim Healthcare Services, Inc.
Address: 7227 Lee DeForest Drive
Columbia, MD 21046
Phone: 888-800-5917

CONTRACTING DEPARTMENT: Health Services Department – Mental Health Division

Service Requested: Temporary employees on an "as needed" basis at the Psych Health Facility

Contract Term: 5/1/11 to 4/30/12 Contract Value: ~~\$175,000~~ \$138,000

Compliance with Human Resources requirements? Yes No:

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 10-27-11 By: Callaway
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

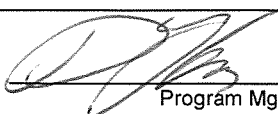
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

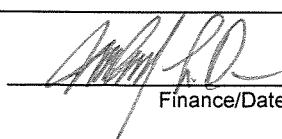
Approved: Disapproved: _____ Date: 10/25/11 By: Keller
Approved: _____ Disapproved: _____ Date: _____ By: _____

Will need new insurance certificates effective 12/1/11 as well as the endorsement page for the additional raised endorsements
Will get new certificates as soon as possible
TM

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

Departments: Outside Review per C-17.7.10
Approved: _____ Disapproved: _____ Date: 10/25/11 By: Keller Asst. CAO
Approved: _____ Disapproved: _____ Date: _____ By: _____

 10/6/11
Program Mgr/Date

 10/6/11
Finance/Date

11-1264 A.1