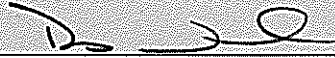


CONTRACT ROUTING SHEET

Date Prepared: 7-17-08

Need Date: 7-31-08

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Shirley I. C. Hodgson
Phone #: 7268
Department
Head Signature: 

CONTRACTOR:

Name: EDC Mental Health Dept.
Address: 670 Placerville Drive, # B
Placerville, CA 95667
Phone: 530 621-6290

CONTRACTING DEPARTMENT: Implementation and management of Senate Bill 163
Wraparound

Service Requested: _____
Contract Term: 7-1-08 through 6-30-11 Contract Value: \$660,000.00
Compliance with Human Resources requirements? Yes: n/a No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 7-24-08 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: 7/25/08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN SERVICES DEPT
08 JUL 25 PM 2:09
L. DONALD COUNTY COUNSEL
2008 JUL 21 PM 3:00

Please call Shirley Hodgson at x7268 to pick up. Thanks.

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____