

Contract #: 76 (034-S1411) Amdt 6
Index Code: 5460

CONTRACT ROUTING SHEET

Date Prepared: 6/8/18

Need Date: 6/12/18

PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency
Dept. Contact: Kathryn Lang
Phone #: X7147
Department
Head Signature: Patricia Charles-Heathers

CONTRACTOR:

Name: California Forensic Medical Group
Address: 2511 Garden Road, Suite A160
Monterey, CA 93940
Phone:

Patricia Charles-Heathers, Ph.D., M.P.A., Director

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Medical Services in the Jail(s) and Juvenile Detention Facilities
Contract Term: 7/1/13 through 12/31/18 Contract/Grant Value: \$ 12,488,463.73
Compliance with Human Resources requirements? N/A Yes No
Compliance verified by: HR Approved new agreement effective 7/1/18 on 6.1.18 in FENIX

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

Approved: Disapproved: Date: 6/8/18 By: [Signature]
Approved: Disapproved: Date: By:

See Note re Request for Services of Process

Corrected 6/11/18 K-Hay

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: Date: 6/11/18 By: [Signature]
Approved: Disapproved: Date: By:

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

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

Please contact Kathryn Lang x7147 with questions or for contract packet pick-up. Thank you!

Yvonne Hollings 6/8/18
Chief Fiscal Officer Date

[Signature] 6/8/18
Deputy Director, Administration and Contracts Date

A/P or A/R Mgr Approval: [Signature] 6/8/18
Initials/Date

Contracts ASO Approval: [Signature] 6/8/18
Initials/Date