

Contract #: 034-S1411, A1
Index Code: 403410

CONTRACT ROUTING SHEET

Date Prepared: 8/14/13

Need Date: 9/2/13

PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency
Dept. Contact: Kathy Lang
Phone #: X7147
Department
Head Signature: [Signature]
Don Ashton, MPA, Interim Director

CONTRACTOR:

Name: CA Forensic Medical Group, Inc.
Address: 2511 Garden Road, Suite A160
Monterey, CA 93940
Phone: 831-649-8994

CONTRACTING DEPARTMENT: Health & Human Services Agency – PHD

Service Requested: Medical Services for County Detention Facilities

Contract Term: 7/1/13 – 6/30/18

Contract/Grant Value: \$3,076,492.62

Compliance with Human Resources requirements?

N/A x

Yes

No:

Compliance verified by: Feasibility Analysis

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

Approved: Conditional Disapproved: _____ Date: 8/23/2013 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

Do we need to look at this again in light of the legal services request? (CA Penal Code 4014.10) noted K. Lang 10/10/13 ok placed per K. Lang

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: [Signature] Disapproved: _____ Date: 8/27/2013 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

NOTE: All contracts that involve the acquisition of software or computer related items must be approved by IT first. Any contract that requires approval from another department must also be first approved by the other department.

Departments:

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

[Signature] 8/16/13
PM Review/Date

[Signature]
CFO Review/Date 8/17/13

[Signature] 8/15/13
Contracts Supe Review/Date