

CONTRACT ROUTING SHEET

Date Prepared: 8/13/12

Need Date: 8/27/12

PROCESSING DEPARTMENT:

Department: HHSA / Mental Health
Dept. Contact: Kathy Lang
Phone #: X7147
Department
Head Signature: *Daniel Nielson*
Daniel Nielson, M.P.A., Director

CONTRACTOR:

Name: The Denise Thompson Home
Address: 6840 Oak Lane
Placerville, CA 95667
Phone: _____

RECEIVED
HUMAN RESOURCES DEPT.
AUG 21 PM 12:18

CONTRACTING DEPARTMENT: Health and Human Services Agency - MHD

Service Requested: Residential treatment services for mentally ill adults
Contract Term: 6/26/12 - 6/30/13 Contract Value: \$375,000
Compliance with Human Resources requirements? Yes x No: _____
Compliance verified by: Feasibility Analysis attached

EL DORADO COUNTY COUNSEL
2012 AUG 14 AM 10:54

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

Approved: *A* Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: 8/15/12 By: *[Signature]*

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

Approved: *J* Disapproved: _____ Date: *[Signature]* By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RISK MANAGER
EL DORADO COUNTY

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

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

[Signature] 8-7-12
Contracts Review/date

L. Webb 8/10/12
Contracts Mgr Review/date