Contract #: 295-S1811 Index Code: 418400 CONTRACT ROUTING SHEE Kesupmitted Date Prepared: **Need Date:** PROCESSING DEPARTMENT: CONTRACTOR: Health & Human Svcs Agency Nevada County Department: Name: Dept. Contact: Lisa Konyecsni Address: 950 Maidu Avenue/ P.O. Box 1210 Phone #: X 6901 Nevada City, CA 95959 Department Phone: (530) 470-2427 Head Signature: CONTRACTING DEPARTMENT: Health and Human Services Agency Service Requested: Use of El Dorado County Psychiatric Health Facility Contract Term: Upon execution - 3 years Contract/Grant Value: \$ 675,000.00 Compliance with Human Resources requirements? Yes Compliance verified by: N/A COUNTY COUNSEL: (Must approve all contracts and MOU's) Date: 12 Approved: Disapproved: Date: Approved: Disapproved: attached dues not have the Devada that is man attachent. PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU! RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: Date: 12217 By: Disapproved: Date: Approved: 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: Disapproved: Approved: Date: Disapproved: Date: Bv: Approved: Please contact Lisa Konyecsni x6901 with guestions or for contract packet pick-up. Thank you! Deputy Director, Administration and Contracts Chief Fiscal Officer

Contracts ASO Approval:

Rev. 12/2000 (GS-GVP)

A/P or A/R Mgr Approval: