

Internal Contract No: 398-159-M-E2011  
Purchasing Contract No: 082-51210  
Index Code: 419100

# CONTRACT ROUTING SHEET

Date Prepared: June 1, 2011

Need Date: Please Rush

### PROCESSING DEPARTMENT:

Department: Health Svcs Dept - MH Div.  
Dept. Contact: Thomas Michaelson  
Phone #: 6203  
Department Head Signature: *Neda West*  
Neda West, Director

### CONTRACTOR:

Name: Gia-Evita Lanzano, MD  
Address: PO Box 293  
Shingle Springs, CA 95682  
Phone: 916-204-6782

### CONTRACTING DEPARTMENT: Health Services Department - Mental Health Division

Service Requested: Inpatient and outpatient mental health services for adults  
Contract Term: Date of execution for 12 months Contract Value: \$225,000  
Compliance with Human Resources requirements? Yes  No   
Compliance verified by: Chris Little

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

Approved: *Consent* Disapproved: \_\_\_\_\_ Date: 6/8/11 By: *Laura Pad*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Revised indemnity as marked  
made revision  
TM 6-10-11  
EL DORADO COUNTY COUNSEL  
2011 JUN 13 PM 2:02

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6/8/11 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
EL DORADO COUNTY COUNSEL  
2011 JUN 13 PM 2:02

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*[Signature]* 5/26/11  
Program Mgr/Date

*[Signature]* 5/25/11  
Finance/Date