

CONTRACT ROUTING SHEET

Date Prepared: August 9, 2012

Need Date: August 27, 2012

PROCESSING DEPARTMENT:

Department: HHSA / MHD

CONTRACTOR:

Name: California Dept. of Mental Health or its successor, the State Department of State Hospitals

Address: 1600 9th St., Room 150 Sacramento, CA 95814

Phone: 1-916-651-1020

Dept. Contact: DeAnn Osborn

Phone #: 642-7118

Department: _____

Head Signature: *Daniel Nielson*
Daniel Nielson, M.P.A., Director

CONTRACTING DEPARTMENT: Health and Human Services Agency, Mental Health Division

Service Requested: Resolution approving purchase of State Hospital beds

Contract Term: _____ Contract Value: _____

Compliance with Human Resources requirements? Yes _____ No _____

Compliance verified by: _____

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

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

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

Please incorporate minor revision w/ reference to W&I code sections

8/23/12 Revision made - Osborn

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ↓ Disapproved: _____ Date: 8/15/12 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: _____

Kol 8/9/12
Contracts Review/date

R Webb 8/10/12
Contracts Mgr Review/date