

Contract #: 240-M1510-A1
Index Code: 531410

CONTRACT ROUTING SHEET

Date Prepared: 6/30/16 TO Counsel 7/6/16
HFW

Need Date: 7/15/16 HFW

PROCESSING DEPARTMENT:

Department: Health & Human Services
Dept. Contact: Heather Longo
Phone #: X7373
Department: *Alexa Zoss*
Head Signature: *Don Ashton*
Don Ashton, M.P.A., Director

CONTRACTOR:

Name: County of Plumas
Address: 270 County Hospital Rd, St. 206
Quincy, CA 95971
Phone:

CONTRACTING DEPARTMENT: HHS - Community Services

Service Requested: Host entity agreement for participation in MAA/TCM programs - **Amendment 1**
Contract Term: 7/1/14-6/30/17 Contract/Grant Value: \$60,000
Compliance with Human Resources requirements? N/A Yes x No
Compliance verified by: See Feasibility Analysis

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

Approved: Disapproved: _____ Date: 7/11/16 By: *P. Stouffer*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY
2016 JUL -7 AM 7:18

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: _____ Date: 7-12-16 By: *AS*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

[Signature]
CFO Review/Date 6/30/16

(P) 6/30/16

[Signature]
Deputy Director Administration and Contracts Date 6/30/16