

CONTRACT ROUTING SHEET

Date Prepared: 5/13/08

Need Date: 5/27/08

PROCESSING DEPARTMENT:

Department: Mental Health
Dept. Contact: Tom Michaelson
Phone #: X6203
Department
Head Signature: *Tom Michaelson*

CONTRACTOR:

Name: MGA Healthcare, Inc.
Address: 2143 Hurley Way, Suite 221
Sacramento, CA 95825
Phone: 916-646-3100

EL DORADO COUNTY COUNSEL
MAY 14 AM 11:11

5/20/08

CONTRACTING DEPARTMENT: Mental Health

Service Requested: Provide temporary employees at the Psychiatric Health Facility in Placerville
Contract Term: 2 years Contract Value: \$200,000.00
Compliance with Human Resources requirements? Yes: XX No: _____
Compliance verified by: Michaelson

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

Approved: Disapproved: _____ Date: 5-15-08 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT

5-14-08
ATTORNEY ELK
DEPT / INDEX NO. 413100
KM

PURCHASING RECEIVED
08 MAY 20 PM 11:52

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 5/16/08 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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HUMAN RESOURCES DEPT
08 MAY 16 AM 9:51

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

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