

Internal Contract No: 053-MHD0109
Purchasing Contract No: 364-S0811,
Amend I
Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: June 7, 2010

Need Date: June 21, 2010

PROCESSING DEPARTMENT:

Department: Health Svcs Dept – MH Div.

Dept. Contact: Thomas Michaelson

Phone #: 6203

Department: _____

Head Signature: *Neda West*

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Neda West, Director

CONTRACTOR:

Name: New Morning Youth & family Services

Address: 6765 Green Valley Road
Placerville, CA 95667

Phone: 530-622-5551

CONTRACTING DEPARTMENT: Health Services Department – Mental Health Division

Service Requested: Specialty mental health services for minors

Contract Term: 1/1/08 to 12/31/10 Contract Value: \$1,735,000

Compliance with Human Resources requirements? Yes No:

Compliance verified by: Chris Little

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

Approved: Disapproved: _____ Date: 6-11-10 By: *W. Long*

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

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/14/10 By: *[Signature]*

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

RECEIVED
RISK MANAGEMENT
JUN 14 2010
PLACER COUNTY
2:10 PM '10

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

Departments: _____

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

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

By Dawn 6/7/10
Program Mgr/Date

[Signature] 6/7/10
Finance/Date