

Internal Contract No: 053-169-M-E2010
Purchasing Contract No: 020-S1111 Amend I
Index Code: 419200

CONTRACT ROUTING SHEET

Date Prepared: August 6, 2010

Need Date: RUSH

PROCESSING DEPARTMENT:
Department: Health Svcs - Mental Health
Dept. Contact: Tom Michaelson x6203
2nd Contact: Kathy Lang
Department
Head Signature: *Neda West*
Neda West, Director

CONTRACTOR:
Name: Family Connections El Dorado, Inc.
Address: 344 Placerville Drive, Suite 10
Placerville, CA 95667
Phone: 530-626-5164

CONTRACTING DEPARTMENT: Health Services Department - Mental Health Division
Service Requested: MHSA Latino Program on West Slope
Contract Term: 7-1-10 to 6-30-11 Contract Value: \$114,000
Compliance with Human Resources requirements? Yes No:
Compliance verified by: Feasibility Analysis Attached

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: Date: 9-15-10 By: *[Signature]*
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2010 SEP 13 PM 1:49

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: Date: 9/16/10 By: *[Signature]*
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

EL DORADO COUNTY DEPT
2010 SEP 16 AM 7:59

Renewals due in Dec.

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract)
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

OKL 8/13/10
Program Manager / date

[Signature] 8/31/10
Finance / date