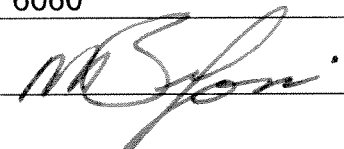


CONTRACT ROUTING SHEET

Date Prepared: 07/14/09

Need Date: 07/21/09

PROCESSING DEPARTMENT:

Department: HR/Risk Management
Dept. Contact: Donna Mullens
Phone #: 6060
Department
Head Signature: 



CONTRACTOR:

Name: Managed Health Network (MHN)
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Human Resources/Risk Mgmt



Service Requested: Review of EAP, Managed MH and Substance Abuse Agreement Amendments
Contract Term: One Year Contract Value: \$350,000
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: M. Allyn Bulzomi

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

Approved:  Disapproved: _____ Date:  By: 
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: 7/14/09 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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

