Contract #: 322-F1411

14-0587 A 1 of 1

Index Code:

418400

CONTRACT ROUTING SHEET

Date Prepared:	12-31-2013	Need Date:	04-18.	2014
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: HHSA / Mental Health Kathryn Lang Z Nana X7147 Don Ashton, M.P.A., Interin	Mدربااهب-Address: 2060 Yreka Phone:	: you County Campus Drive a, CA 96097	
Contract Term: 2	ed: Use of EDC County PHI	Contract/Grant ents? N/Ax_ Y	Rever	eeded – nue Agmt No:
COUNTY COUNS Approved: X Approved:	SEL: (Must approve all contr Disapproved: Disapproved:		By: <i>Phil</i> By:	EL DORADO COUNTY CO
	PLEASE FORWARD TO F	RISK MANAGEMENT. THANK	YOU!	<u>S</u>
· · · · · · · · · · · · · · · · · · ·	IENT: (All contracts and MO		-	ements)
Approved:V Approved:	Disapproved: Disapproved:	Date: <u>4/10/14</u> Date:	By:	7
Risk – This document to Sisk	Agreement requires that we iyou County.	provide proof of insurance	when we retur	n the
NOTE: Any contract electronic information related, especially th	/AL: (Specify department(s) that involves the development, inso, the acquisition of software or cose that involve computers and tempolies to any other contract that re	participating or directly aff tallation, implementation, storin- computer related items, or any elecommunications, must be ap	g, retrieving, trans other service/iten proved by IT befo	fer, or sending on that may be I
Approved:	Disapproved: Disapproved:	Date: Date:	By: By:	: 00 : 00 : 00 : 00 : 00 : 00 : 00 : 00
Contracts Supe ReviewA	Date Program Mgr. Review Date	Contracts Mgr. Review/Date	ANU CATO REVIEW	10 d