

CONTRACT ROUTING SHEET

Date Prepared: ~~10/22/08~~ 4-21-09

Need Date: ~~11/5/08~~ 5-5-09

PROCESSING DEPARTMENT:

Department: Health Services
Dept. Contact: Tom Michaelson
Phone #: X6203
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: Rescue Union School District
Address: 2390 Bass Lake Road
Rescue, CA 95672
Phone: 530-677-4461

OK - Matthew Jones
OK - Christy Jones

CONTRACTING DEPARTMENT: Health Services

Service Requested: MH Division to provide therapists to school district
Contract Term: 3 years Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: N/A No:
Compliance verified by:

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

Approved: Disapproved: Date: 5-1-09 By: *[Signature]*
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: 5/5/09 By: *[Signature]*
Approved: Disapproved: Date: By:

RECEIVED
HUMAN RESOURCES DEPT
09 MAY - 1 PM 051

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

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

Ben 12/11/08
OK 11/14/09