

CONTRACT ROUTING SHEET

Date Prepared: 4/16/13

Need Date: 4/30/13

PROCESSING DEPARTMENT:
Department: Health & Human Svcs
Dept. Contact: Kathy Lang
Phone #: X7147
Department Head Signature: [Signature]
Daniel Nielson, M.P.A., Director

CONTRACTOR:
Name: Michael C. Lin, M.D.
Address: 8735 Seville Circle
Granite Bay, CA 95746
Phone: _____

CONTRACTING DEPARTMENT: HHSA - Mental Health Division
Service Requested: Psychiatric services
Contract Term: 6/12/12 through 3/31/15 Contract/Grant Value: \$185,000
Compliance with Human Resources requirements? N/A _____ Yes x No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: X Disapproved: _____ Date: 4/16/13 By: [Signature]
Approved: X Disapproved: _____ Date: 6/11/13 By: [Signature]

Resubmit to Counsel 6/5/13.

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: ✓ Disapproved: X Date: 4/22/13 By: [Signature]
Approved: ✓ Disapproved: _____ Date: 4/30/13 By: [Signature]

I called Norcal Ins to see about an add. insd. endorsement.
At that time I was told that policy # 711989 does not belong
to Michael C. Lin M.D. They show a correct policy but
would not release any information. we need to
obtain a new Certificate of Insurance for Dr. Lin

Resubmit corrected COI 4/25/13 (R)

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
NOTE: All contracts that involve the acquisition of software or computer related items must be approved by IT first.
Any contract that requires approval from another department must also be first approved by the other department

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

PM Review/Date: [Signature] 4/16/13
CFO Review/Date: [Signature] 4/11/13
Contracts Supe Review/Date: [Signature] 4/9/13
Contracts Mgr. Review/Date: [Signature] 4/16/13