

CONTRACT ROUTING SHEET

Date Prepared: 5/28/08

Need Date: 6/11/08

RECEIVED
Quintel Mail
MAY 28 2008

PROCESSING DEPARTMENT:

Department: Mental Health
Dept. Contact: John Bachman
Phone #: X6370
Department
Head Signature: *John Bachman*

CONTRACTOR:

Name: CA Dept of Rehabilitation
Address: 721 Capital Mall
Sacramento, CA 95814
Phone: 916-558-5692

El Dorado County Counsel

CONTRACTING DEPARTMENT: Mental Health

Service Requested: Assist MH clients in obtaining employment
Contract Term: 7/1/08 to 6/30/11 Contract Value: 82,503.00
Compliance with Human Resources requirements? Yes: XX No:
Contract Value: \$75,003.00
Compliance verified by: Michaelson

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

Approved: ✓ Disapproved: Date: 6-5-08 By: *W. J. ...*
Approved: Disapproved: Date: By:

ASSIGNMENT
DATE 6/03/08
ATTORNEY ETD Anapp
DEPT./INDEX NO. A90

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved: Date: 6/9/08 By: *Coletts*
Approved: Disapproved: Date: By:

Certificate of Self Insurance attached.

RECEIVED
HUMAN RESOURCES DEPT
8 JUN -6 PM 1:03

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

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