

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Mental Health
 Dept. Contact: Tom Michaelson
 Phone #: 6203
 Department Head
 Signature: John Bachman

CONTRACTOR:

Name: Calif Dept of Mental Health
 Address: 1600 9th Street, Santa, CA 95814
 Phone: 916-654-2378

RECEIVED
 HUMAN RESOURCES DEPT
 07 SEP 14 PM 3:32
 EL DORADO COUNTY COUNSEL
 [Signature]

CONTRACTING DEPARTMENT:

Compliance with Human Resources requirements? Yes: No:
 Compliance verified by: _____

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

Approved: Disapproved: Date: 9-17-07 By: [Signature]
 Approved: Disapproved: Date: _____ By: _____

ASSIGNMENT

9/17/2007

DATE

ORNEY	INDEX NO	FILE NO
<u>420</u>	<u>410999</u>	<u>713100</u>
		<u>[Signature]</u>

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

Approved: Disapproved: Date: 9/18/07 By: [Signature]
 Approved: Disapproved: Date: _____ By: _____

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 HUMAN RESOURCES DEPT
 07 SEP 18 AM 8:36

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

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