

# CONTRACT ROUTING SHEET

Date Prepared: 3/7/17 <sup>Resubmitted to counsel - 3/24</sup> ~~3/13/17~~ <sub>to Counsel</sub> Need Date: 3/27/17

**PROCESSING DEPARTMENT:**

Department: HHSA/BHD  
 Dept. Contact: Jennifer Anderson  
 Phone #: 6901

**CONTRACTOR:**

Name: County of Nevada  
 Address: 950 Maidu Avenue, P.O. Box 1210  
Nevada City, CA 95959

Department: \_\_\_\_\_  
 Head Signature: Patricia Charles-Heathers  
 Patricia Charles-Heathers, Ph.D., Director

**CONTRACTING DEPARTMENT:** HHSA/Behavioral Health

Service Requested: EDC to provide MH services for Nevada County Clients at the EDC PHF  
 Contract Term: 3 years (July 1 2017 - Jun 30 2020) Contract/Grant Value: \$330,000/year  
 Compliance with Human Resources requirements? N/A X Yes \_\_\_\_\_ No: \_\_\_\_\_  
 Compliance verified by: N/A - revenue

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

Approved: X Disapproved: \_\_\_\_\_ Date: 3/15/17 By: [Signature]  
 Approved: X Disapproved: \_\_\_\_\_ Date: 3/27/17 By: [Signature]

\* Please review Nevada County's requested changes in "tracked changes" attached hereto. Also summarized in email attached from 3/24. See my comments on Nevada's prop. chg.

EL DORADO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 3-17-17 By: [Signature]  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

AM 9:01 HR/RM MAR 16 '17

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

**NOTE:** Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

[Signature] 3/11/17  
 CFO Review Date

[Signature] 3/9/17  
 Deputy Director, Administration and Contracts Date