

Contract #: 279-01571
Index Code: 419600

CONTRACT ROUTING SHEET

Date Prepared: 1/30/15

Need Date: 2/13/15

PROCESSING DEPARTMENT:

Department: HHSA/Mental Health
Dept. Contact: Kathryn Lang
Phone #: Ext. 7147
Department Head Signature: [Signature]
Don Ashton, M.P.A., Director

CONTRACTOR:

Name: El Dorado County Office of Education
Address: 6767 Green Valley Rd
Placerville, CA 95667
Phone: _____

CONTRACTING DEPARTMENT: HHSA/Mental Health

Service Requested: Development of on-line training for educators re MH Issues \$85,000 Ⓟ
Contract Term: Upon execution - 6/30/17 Contract/Grant Value: \$135,000
Compliance with Human Resources requirements? N/A Yes x No Ⓟ
Compliance verified by: See attached Feasibility Analysis

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

Approved: X Disapproved: _____ Date: 2/3/15 By: [Signature]
Approved: x Disapproved: _____ Date: 4/15/15 By: [Signature]

Resubmit 4/10 to request change from edcoe. Ⓟ
NOTE: THIS reciprocal indemnity/defense is NOT the one used in the past for contracts with other public entities. It is a policy decision whether to accept this proposed language.

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: _____ Disapproved: ✓ Date: 2/14/15 By: [Signature]
Approved: X (cond) Disapproved: _____ Date: 4/15/15 By: [Signature]

see deficiencies in ebix - need auto
Add Insd endorsement along & refer to different contract
*Note you have 2 profiles in Ebix - we are changed for both

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] 1/28/15 [Signature] 1/29/15
CFO Review Date Program Manager II, Administration and Contracts Date

please have correct Add'l insd encl in Ebix prior to work on contract
KC 1/16/15