

CONTRACT ROUTING SHEET

Date Prepared: 12/11/12

Need Date: 12/20/12

PROCESSING DEPARTMENT:

Department: HHSA/Mental Health
Dept. Contact: Kathy Lang
Phone #: X7147
Department Head Signature: [Signature]
Daniel Nielson, M.P.A., Director

CONTRACTOR:

Name: CA Dept Health Care Services
Address: 1501 Capitol Avenue, MS 4601
PO Box Number 997417
Phone: Sacramento, CA 95899-7417
916-654-6933

CONTRACTING DEPARTMENT: Health and Human Services Agency/MHD

Service Requested: Funding Agmt with State for Medi-Cal MH Services (MHP)
Contract Term: 4/1/12 through 4/30/13 Contract/Grant Value: \$8,569,359
Compliance with Human Resources requirements? Yes x No: _____
Compliance verified by: Not applicable - funding Agmt

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

Approved: ✓ Disapproved: _____ Date: 12/20/12 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2012 DEC 11 AM 11:01

Please expedite - Board date 1/8/12

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: ✓ Disapproved: _____ Date: 12/11/12 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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HUMAN RESOURCES DEPT
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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.

Departments: _____

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

[Signature] 12/4/12
Contracts Review/date

[Signature] 12/7/12
Contracts Mgr Review/date

Rec'd