

CONTRACT ROUTING SHEET

Date Prepared: 05/11/2016

Need Date: 05/20/2016

PROCESSING DEPARTMENT:

Department: Probation

Dept. Contact: Darci Prall *DP*

Phone #: 6076

Department: _____

Head Signature: _____

CONTRACTOR:

Name: County of Humboldt, DHSS-Mental Health

Address: 507 F Street
Eureka, CA 95501

Phone: Scott Harris
saharris@co.humboldt.ca.us
707-268-2817

CONTRACTING DEPARTMENT: Probation

Service Requested: Mental Health treatment portion of EDC juvenile wards in the County of Humboldt New Horizon Program

Contract Term: 4 years (Retro to date Juvenile was Court Ordered) Contract Value: \$50,554.40
03/01/2016 – 02/28/2020

Compliance with Human Resources requirements? Yes: N/A No: N/A

Compliance verified by: May be court ordered and EDC does not provide this specific service.

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

Approved: _____ Disapproved: _____ Date: 5/17/16 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 5-19-16 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EDC HR/RISK
16 MAY 17 PM 04:35

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

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: 59 *[Signature]*

EL DORADO COUNTY COUNSEL