


Contract #: N/A
Index Code: _____

CONTRACT ROUTING SHEET


Date Prepared: 7/1/15

Need Date: 7/8/15

PROCESSING DEPARTMENT:
Department: HHS/Mental Health
Dept. Contact: Kathryn Lang
Phone #: X7147
Department
Head Signature: 
Don Ashton, M.P.A., Director

CONTRACTOR:
Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: HHS/Mental Health Division
Service Requested: Resolution regarding Assisted Outpatient Treatment (Laura's Law)
Contract Term: N/A Contract/Grant Value: N/A
Compliance with Human Resources requirements? N/A Yes _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved:  Disapproved: _____ Date: 7/1/15 By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

6/30/15
1:16 PM
COUNTY COUNSEL

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

Does Not Require Risk Mgmt Review

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: _____

Please contact (name & ext) with questions or for contract packet pick-up. Thank you!

CFO Review

Date


Deputy Director, Administration and Contracts

Date

6/30/15