

# CONTRACT ROUTING SHEET

Date Prepared: 6/20/08

Need Date: 7/4/08

**PROCESSING DEPARTMENT:**

Department: Mental Health  
Dept. Contact: Tom Michaelson  
Phone #: X6203  
Department  
Head Signature: John Bachman

**CONTRACTOR:**

Name: CA Dept of Mental Health  
Address: 1600 9<sup>th</sup> Street  
Sacramento, CA 95814  
Phone: 916-654-2404

Inter-Depo mail

**CONTRACTING DEPARTMENT:** Mental Health

Service Requested: EDCMH providing managed care services to Medi-Cal beneficiaries  
Contract Term: 7/1/06 to 6/30/09 Contract Value: \$1,596,856 ~~\$1,571,029.23~~  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: N/A - revenue contract

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 7/3/08 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Must attach the General Terms & Conditions from website.  
Non standard indemnity - OK*

EL DORADO COUNTY COUNSEL  
2008 JUN 25 AM 7:38

ASSIGNMENT DATE 6/25/08

ATTORNEY Miled  
DEPT. INDEX NO. 413100  
8/11

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 7/8/08 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
HUMAN RESOURCES DEPT  
JUL - 8 AM 10:53

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

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