


Contract #: 284-F1511
Index Code: 418900

CONTRACT ROUTING SHEET

Date Prepared: 11-05-2014

Need Date: 11-10-2014

PROCESSING DEPARTMENT:

Department: HHS/Mental Health
Dept. Contact: Zhana Mc Cullough
Phone #: Ext. 7154
Department
Head Signature: 
Don Ashton, M.P.A., Director


CONTRACTOR:

Name: CA Dept. of Health Care Svcs
Address: 1700 K Street, MS 2621
Sacramento, CA 95899
Phone:

CONTRACTING DEPARTMENT: HHS/Mental Health

Service Requested: Funding for services provided through the HHS Alcohol and Drug Program.
Contract Term: 07/01/2014 - 06/30/2017 Contract/Grant Value: \$3,845,280
Compliance with Human Resources requirements? N/A Yes No:
Compliance verified by: Funding Agreement

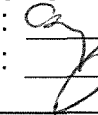
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 11/10/14 By: 
Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL
2014 NOV 12 AM 9:04
PH 11/12/14

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: Date: 11/12/14 By: 
Approved: Disapproved: Date: By:
Nothing Required of Risk

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.

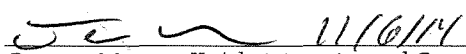
Departments:

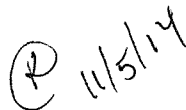
Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By:

Please contact (NAME + EXT) with questions or for contract packet pick-up. Thank you!


CFO Review

11/10/14
Date


Program Manager II, Administration and Contracts Date


11/5/14