

CONTRACT ROUTING SHEET

Date Prepared: 8/30/07

Need Date: _____

PROCESSING DEPARTMENT:

Department: CAO/Proc. & Contracts
Dept. Contact: Dustin Bailey
Phone #: 5833
Department
Head Signature: Bonnie H. Rich
Bonnie H. Rich

CONTRACTOR:

Name: Maxim Healthcare Services, Inc.
Address: 7227 Le DeForest Drive
Columbia, MD 21046
Phone: 800-796-2946

CONTRACTING DEPARTMENT: Human Services/Social Services

Service Requested: Supplemental Registered Health Care Providers
Contract Term: Expires 11/30/08 Amendment Value: \$30,000.00
Compliance with Human Resources requirements? Yes: XXX No: _____
Compliance verified by: Patti Barton with original on July 12, 2007.

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

Approved: Disapproved: _____ Date: 8-31-07 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT

DATE: 08/31/07
ATTORNEY: [Signature]
DEPT INDEX NO.: 026190
BY: [Signature]

2007 AUG 30 11:03 AM
IT DORADO COUNTY COUNSEL
[Signature]
[Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 9/4/07 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
07 SEP 14 AM 8:04

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

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