

Contract #: 001-S1310,A1
Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: 1/29/13 Need Date: 2/12/13

PROCESSING DEPARTMENT:
Department: HHS/Mental Health
Dept. Contact: Kathy Lang
Phone #: X7147
Department Head Signature: [Signature]
Daniel Nielson, M.P.A., Director

CONTRACTOR:
Name: JDT Consultants
Address: 1424 West Holland Avenue
Fresno, CA 93705
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency/MHD
Service Requested: Therapeutic Behavioral Health Services (TBS) for minors
Contract Term: 7/1/12 - 6/30/14 Contract/Grant Value: \$250,000
Compliance with Human Resources requirements? Yes X No: _____
Compliance verified by: Feasibility Analysis attached

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: _____ Disapproved: _____ Date: 2/4/13 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

While the certificate of insurance does provide for professional liability insurance, the policy attached to this contract routing sheet does not include copies of the professional liability endorsements/provisions.

RECEIVED
FEB 01 2013
EL DORADO COUNTY COMESA

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: _____ Disapproved: ✓ Date: 2/5/13 By: [Signature]
Approved: ✓ Disapproved: _____ Date: 2/6/13 By: [Signature]

(okay) We policy certificate is missing, please provide. Please provide information on professional liability policy and whether it provides coverage to County per Article XXX, H. Need proof that there is. Complies with Article XXX, N. for claims made policy. We policy expires 3/31/13 per ins. certificate attached to original contract.

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.
Departments:
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

[Signature] 1/25/13 PM Review Date
[Signature] 1/24/13 CFO Review Date
[Signature] 1/25/13 Contracts Supe Review Date
[Signature] 1/28/13 Contracts Mgr. Review Date