

Contract #: 277-O1511

Index Code: _____

CONTRACT ROUTING SHEETDate Prepared: 10/20/14Need Date: 10/24/14**PROCESSING DEPARTMENT:**Department: HHSA/Mental Health DivDept. Contact: Kathryn Lang / Chuck HarrellPhone #: Ext 7147

Department

Head Signature: Don Ashton

Don Ashton, M.P.A., Director

CONTRACTOR:Name: Telecare Corporation, Inc.Address: 1080 Marina Village ParkwayAlameda, CA 94501

Phone: _____

CONTRACTING DEPARTMENT: HHSA/Mental Health DivisionService Requested: Facility Use Agreement for PHFContract Term: Concurrent with Agmt 221-S1511Contract/Grant Value: \$0Compliance with Human Resources requirements? N/A Yes x No: _____Compliance verified by: RFP bid awarded by the Board 8/26/14 (14-0517)**COUNTY COUNSEL:** (Must approve all contracts and MOU's)Approved: _____ Disapproved: X Date: 10/24/14By: Don AshtonApproved: X Disapproved: _____ Date: 10/28/14By: Don AshtonWe shd discuss some of these prop. chgs -10/27/14 Revisions per Counsel recommendation completed K. Lang**PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!****RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)Approved: Tentative Disapproved: _____ Date: 10/27/14By: K. Lang

Approved: _____ Disapproved: _____ Date: _____

By: _____

see changes to Section 6A on page 3. - See email.Revised per Risk mgmt directions 10/28/14. K. Lang**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: _____

CFO Review

Date

Assist Director Admin/Finance

Date