


Contract #: 114-S1311, A1
Index Code: 418720

CONTRACT ROUTING SHEET

Date Prepared: 4/10/13

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency
Dept. Contact: Kathy Lang
Phone #: X7147
Department
Head Signature: 
Daniel Nielson, M.P.A., Director

CONTRACTOR:

Name: New Morning Youth & Family
Address: 6765 Green Valley Road
Placerville, CA 95667
Phone: _____

CONTRACTING DEPARTMENT: Health & Human Services Agency - MHD


Service Requested: Specialty MH services for children

Contract Term: 7/1/12 - 12/31/14 6/30/15 Contract/Grant Value: \$1,687,500 \$2,025,000

Compliance with Human Resources requirements? N/A Yes No: _____

Compliance verified by: Feasibility Analysis attached

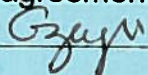
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 4/22/13 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DOR COUNTY COUNSEL
2013 APR 18 PM 11:02

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!



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

Approved: Disapproved: _____ Date: 5/2/13 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

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 approved by IT first. 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: _____

 4/10/13  4/17/13  4/10/13 _____
PM Review/Date CFO Review/Date Contracts Supe Review/Date Contracts Mgr. Review/Date