## CONTRACT ROUTING SHEET



Don Ashton, M.P.A., Director

Need Date: 241916 HOO CONTRACTOR:
Name: Scrips Psychological Associates, Inc.
Address: $101219^{\text {th }}$ Street
Phone: 916-446-3111

## CONTRACTING DEPARTMENT: HHSA/Social Services

Service Requested: Psychological Evaluations and written assessments
Contract Term: 5/1/16-4/30/19
Contract/Grant Value: $\$ 150,000.00$
Compliance with Human Resources requirements?
N/A
Yes $x$ No
Compliance verified by: HR - Misty Garcia IZullothw
COUNTY COUNSEL: (Must approve all contracts and MOU's)


PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved:
Approved:
Disapproved:
Disapproved:
Date:


OTHER APPROVAL: (Specify departments) 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:



