

Contract #: 016-51711  
Requested  
Index Code: 419500 ✓

# CONTRACT ROUTING SHEET

Date Prepared: 3/8/16 *Resubmitted to Risk 4/18/16* Need Date: 3/18/16

**PROCESSING DEPARTMENT:**

Department: HHSA/Mental Health

Dept. Contact: Laura K. Walny

Phone #: X 7118

Department

Head Signature: *[Signature]*  
Don Ashton, M.P.A., Director

**CONTRACTOR:**

Name: Black Oak Mine Unified School District

Address: 6540 Wentworth Spring Road  
Georgetown

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA/Mental Health

Service Requested: MHSA Primary Intervention Program for elementary school children (renewal of current agreement)

Contract Term: July 1, 2016 – June 30, 2019 ✓ Contract/Grant Value: \$231,000 ✓

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

Compliance verified by: In process

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

Approved: X Disapproved: \_\_\_\_\_ Date: 3/22/16 By: *[Signature]*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
MAR 15 2016  
El Dorado County Contract

**PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!**

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

Approved: \_\_\_\_\_ Disapproved: X Date: 3/23/16 By: *[Signature]*

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 4-19-16 By: *[Signature]*

No additional insured endorsement for liability.

EDC HR/RISK  
16 MAR 22 PM 01:38  
16 APR 19 AM 10:30

**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: \_\_\_\_\_

Please contact (Laura K. Walny x 7118) with questions or for contract packet pick-up. Thank you!

*[Signature]* 3/2/16  
CFO Review Date

*[Signature]* 3/16/16  
Deputy Director, Administration and Contracts Date

3/8/16