Purchasing Contract No: Ole4-51311 Index Code: 419100

## **CONTRACT ROUTING SHEET**

| Date Prepared:   | 6/14/12   | Need Da  | te: 6/28/12  |
|--|---|--|--|
| PROCESSING D   | EPARTMENT:  | CONTRA   | ACTOR:   |
| Department:  | HHSA / Mental Health  | Name:  | Family Connections El Dorado   |
| Dept. Contact:   | Kathy Lang  | Address:   |  |
| Phone #:   | X6362   |  | Placerville, CA 95667  |
| Department   | // // //  | Phone:   |  |
| Head Signature:  | Canul Ma  | Ko   |  |
|  | Daniel Nielson, M.P.A., D   | irector  |  |
| CONTRACTING  | DEPARTMENT: Health  | and Human Services   | Agency - MHD   |
|  | d: MHSA-PEI Health Dis  |  |  |
| Contract Term: 7   |   |  | Contract Value: \$90,000   |
| The state of the s | Human Resources requirer  |  | x No:  |
|  | ed by: Feasibility Analysis   |  | P. P.  |
| COUNTY COUNS   | EL (Must approve all ser  | streets and MOLUS  | oca ca   |
| Approved:  | SEL: (Must approve all cor  | Date:  | / By:  |
| Approved: (6)  | Disapproved:  | Date:  | /19/12 By: 18/1  |
| Approved.  | Disapproved.  | Date.  | 11/12 31.  |
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| RISK MANAGEM   | ENT: (All contracts and M   | OU's except boilerpla  | ate grant funding agreements)  |
| Approved:  | Disapproved:  | Date:  | ₩ By:  |
| Approved:  | Disapproved:  | Date:  | RISK MANAGER   |
|  |   |  | EL DORADO COUNTY   |
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|  | CONTRACTOR OF THE STATE OF THE |  | 9 6  |
| OTHER ADDROV   | ALL (Specify department)  | a) participating or dire   | actly offerted by this centre at   |
| OTHER APPROV Departments:  | AL. (Specify department(  | s) participating or dire   | ectly affected by this contract).  |
|  | Disapproved:  | Date: 6/20   | Pur Aply (to m)  |
| Approved:  | Disapproved: Disapproved:   | Date:  | By: By:  |
| Approved.  | Disappioveu.  | Date.  | Бу.  |
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| SICH 6/7/12  | fll) 6/1  | 2/12   |  |
| Contracts Review/date  | Contracts Mar P   | eview/date   |  |