

CONTRACT ROUTING SHEET

Date Prepared: 12/16/08Need Date: ~~12/16/08~~ 1/9/09

PROCESSING DEPARTMENT:

Department: Health ServicesDept. Contact: Tom MichaelsonPhone #: X6203

Department

Head Signature: *Neda West*

CONTRACTOR:

Name: California Institute for Mental HealthAddress: 2125 19th Street, 2nd Floor
Sacramento, CA 95818Phone: 916-556-3480, ext 130EL DORADO COUNTY COUNSEL
09 JAN 13 PM 1:44CONTRACTING DEPARTMENT: Health Services, Mental Health DivisionService Requested: TrainingContract Term: 8/28/07 through 3/31/09 Contract Value: \$72,350.00Compliance with Human Resources requirements? Yes: XX No: Compliance verified by: Patti Barton

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

Approved: ✓ Disapproved: Date: 1-8-09 By: *Calvin*Approved: Disapproved: Date: By:

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: Date: 1/12/09 By: *hss*Approved: Disapproved: Date: By: RECEIVED
HUMAN RESOURCE DEPT
09 JAN - 9 PM 2:05

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: BW Matt 12/19/08 BKL OK