

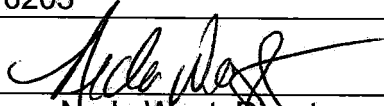
Internal Contract No: 156-MHD0609
Purchasing Contract No: 054-M1011
Index Code: N/A - no funding

CONTRACT ROUTING SHEET

Date Prepared: November 10, 2009

Need Date: 11/25/09

PROCESSING DEPARTMENT:

Department: Health Svcs Dept - MH Div.
Dept. Contact: Thomas Michaelson
Phone #: 6203
Department Head Signature: 
Neda West, Director

CONTRACTOR:

Name: CA Dept of Mental Health
Address: 1600 9th Street
Sacramento, CA 95814
Phone: 916-654-6605

CONTRACTING DEPARTMENT: Health Services Department - Mental Health Division

Service Requested: Privacy and security agreement for Medi-Cal eligibility system (see attached summary and contract)

Contract Term: Date of execution to perpetual Contract Value: \$0

Compliance with Human Resources requirements? Yes No:

Compliance verified by: N/A

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

Approved: Disapproved: Date: 11-23-09 By: Cal [Signature]
Approved: Disapproved: Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2009 NOV 23 PM 2:40

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 11/30/09 By: [Signature]
Approved: Disapproved: Date: _____ By: _____

RISK MANAGEMENT DEPT
2009 NOV 30 PM 4:55

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____