

Contract #: 418-S1311
Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: 5/17/13

Need Date: 5/31/13

PROCESSING DEPARTMENT:

Department: HHSA/Mental Health
Dept. Contact: Kathy Lang
Phone #: X7147
Department
Head Signature: [Signature]

CONTRACTOR:

Name: Willow Glen Care Center
Address: 1547 Plumas Court
Yuba City, CA 95991
Phone: 530-751-9903

Daniel Nielson, M.P.A., Director
San Joaquin County

CONTRACTING DEPARTMENT: Health and Human Services Agency/MHD

Service Requested: Adult residential mental health services facility
Contract Term: 7/1/13 - 12/31/18 Contract/Grant Value: \$1,050,000
Compliance with Human Resources requirements? N/A Yes No:
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 5/20/13 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

See recommended chgs to compens., termin. and de-barment!
INBUN AS. Edits complete. 5/22/13. K Lang

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: Disapproved: _____ Date: 5/21/13 By: [Signature]

EL DORADO COUNTY
MAY 20 5PM '13

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

NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.

Departments: _____

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

13 MAY 21 AM 9:10

HUMAN RESOURCES DEPT.
5/13/13

PM Review/Date: [Signature] 5/15/13
CFO Review/Date: [Signature] 5/17/13
Contracts Supe Review/Date: _____
Contracts Mgr. Review/Date: _____