

Contract #: 664-F1411  
Index Code: 418400

# CONTRACT ROUTING SHEET

*received in office 10/30, I received 11/3*

Date Prepared: 10/15/14

Need Date: 10/30/14

### PROCESSING DEPARTMENT:

Department: HHS/Mental Health  
Dept. Contact: Sharon Keoppel  
Phone #: Ext. 4811  
Department  
Head Signature: *[Signature]*  
Don Ashton, M.P.A., Director

### CONTRACTOR:

Name: Sutter-Yuba Mental Health Svcs  
Address: 1965 Live Oak Blvd.  
Yuba City, CA 95991  
Phone: 530-822-7200

### CONTRACTING DEPARTMENT: HHS/Mental Health

Service Requested: Revenue for PHF admission  
Contract Term: 11/13/2013-11/18/2013 Contract/Grant Value: \$2600  
Compliance with Human Resources requirements? N/A  Yes \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: Revenue agreement

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

Approved:  Disapproved: \_\_\_\_\_ Date: 10/31/14 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COURSE  
11/14 OCT 30 AM 11:20  
HHS-3 PH 2:22  
HHS RES DEPT

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 11/2/14 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
*nothing for risk to approve*

### 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 (NAME + EXT) with questions or for contract packet pick-up. Thank you!

CFO Review \_\_\_\_\_ Date \_\_\_\_\_

*[Signature]* 10/29/14  
Assistant Director - Admin/Finance Date

*[Signature]* 10/17/14