

Internal Contract No: 251-157-M-E2010
Purchasing Contract No: 011-S1111
Index Code: 419100

CONTRACT ROUTING SHEET

June 23, 2010

Date Prepared: _____

Need Date: _____ *Rush*

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Crestwood Behavioral Health, Inc.
Address: P.O. Box 7877
Stockton, CA 95219
Phone: 916-471-2242

CONTRACTING DEPARTMENT: Health Services Department – Mental Health Division

Service Requested: 24 hour special treatment program for adults
Contract Term: 7/1/10 to 6/30/13
Contract Value: \$1,025,000
Compliance with Human Resources requirements? Yes No
Compliance verified by: Chris Little

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

Approved: Disapproved: _____ Date: 6-28-10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
MENTAL HEALTH DIVISION
JUL 1 11 5 34 AM '10
FOR ARADO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: Date: 7/1/10 By: *[Signature]*
Approved: Disapproved: _____ Date: 7/2/10 By: *[Signature]*

No HL Ins or AC Ins.

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

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

[Signature]
Program Mgr/Date

[Signature]
Finance/Date

Please add statement p 3-4
10-0752.A.1