

# CONTRACT ROUTING SHEET

Date Prepared: 09-04-2012

Need Date: 09-14-2012

**PROCESSING DEPARTMENT:**

Department: HHSA / Mental Health  
Dept. Contact: Kathy Lang  
Phone #: X7147  
Department Head Signature: *Daniel Nielson*  
Daniel Nielson, M.P.A., Director

**CONTRACTOR:**

Name: Victor Treatment Centers, Inc.  
Address: 2561 California Park Drive  
Chico, CA 95928  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency - MHD

Service Requested: Residential MH treatment for minors  
Contract Term: 7/1/11 - 6/30/13 Contract Value: \$285,000  
Compliance with Human Resources requirements? Yes x No: \_\_\_\_\_  
Compliance verified by: Feasibility Analysis attached

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

Approved:  Disapproved: \_\_\_\_\_ Date: 9/11/12 By: *Josh Beck*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 9-11-12 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**RISK MANAGER**  
**EL DORADO COUNTY**

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*[Signature]* 8/28/12  
Contracts Review/date

*[Signature]* 8/31/12  
Contracts Mgr Review/date

EL DORADO COUNTY COUNSEL  
2012 SEP 11 PM 3:00  
RECEIVED  
HUMAN RESOURCES DEPT.