

Internal Contract No: A2 - 153-MHD0609
Purchasing Contract No: 038-S1011
Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: 12/14/11

Need Date: 12/28/11

PROCESSING DEPARTMENT:
Department: HHS - Mental Health
Dept. Contact: Kathy Lang x 6362
2nd Contact: Zhana McCullough
Location: 941 Spring St, Ste 4, Placerville
Department
Head Signature: *Daniel Nielson*
Daniel Nielson, MPA, Director

CONTRACTOR:
Name: Blue Cross of Calif for CMSP
Address: 21555 Oxnard St., 8D
Woodland Hills, CA 91367
Phone: 818-234-5954

CONTRACTING DEPARTMENT: Health and Human Services Department
Service Requested: Use of EDC Psych Health Facility (PHF)
Contract Term: 8/15/10 - 12/31/13 Contract Value: Varies based on usage
Compliance with Human Resources requirements? Yes No
Compliance verified by: N/A - Incoming Funding

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: _____ Disapproved: Date: 12/12/11 By: *Josh Beck*
Approved: *Conditional* Disapproved: _____ Date: 1/12/12 By: *Josh Beck*

Dept: Please call when this is returned to you
Corrected version resubmitted 1/11/12. K. Lay
Conditional Approval; amendment to be reviewed as
mentioned - up Dme 1/18/12
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract)
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

[Signature] 12/14/11 12/19/11 12/8/11
Program Manager Date Finance Date