

Contract #: 224-S1310, A1  
Index Code: 419100

# CONTRACT ROUTING SHEET

Date Prepared: 2/1/13

Need Date: 2/15/13

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

**CONTRACTOR:**  
Name: Danilo & Grace Ibanez dba Grace Home  
Address: 108 Oak Rock Circle  
Folsom, CA 95630  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency/MHD  
Service Requested: Supplemental Residential Care Services for adults with mental illness (licensed Community Care Facility)  
Contract Term: 7/1/12 - 6/30/14 Contract/Grant Value: \$125,000  
Compliance with Human Resources requirements? Yes x No: \_\_\_\_\_  
Compliance verified by: Feasibility Analysis attached

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)  
Approved: *Yes to forward* Disapproved: \_\_\_\_\_ Date: 2/4/13 By: *Judith Kerr*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Recommendation: TCW K. Lang, Contract does not provide for pro rata per month charges what in the event clients are referred to facility for limited period of 2 months. For example, they would be charged full month rate for 1 day of services. Dept indicated they would review this issue. EDIT complete & approved by CFO. (D) 2/19/13*

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**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)  
Approved: *✓* Disapproved: *✓* Date: 2/5/13 By: *KKK*  
Approved: *✓* Disapproved: \_\_\_\_\_ Date: 2/22/13 By: *Adams*  
*No worker compensation coverage provided by an insurance certificate*

*2/21/13 - resubmitted to WC and checked.*

**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: \_\_\_\_\_

*Shalene* 1/25/13 PM Review/Date  
*Adams* 1/24/13 CFO Review/Date  
*Adams* 1/25/13 Contracts Supe Review/Date  
*Cynthia K Keller* 1/28/13 Contracts Mgr. Review/Date