

CONTRACT ROUTING SHEET

Date Prepared: 4/17/08

Need Date: 5/9/08

PROCESSING DEPARTMENT:

Department: Mental Health
Dept. Contact: Tom Michaelson
Phone #: Ext 6203
Department
Head Signature: *John Bachman*

CONTRACTOR:

Name: Victor Treatment Centers, Inc.
Address: 2561 California Park Drive
Chico, CA 95928
Phone: 530-893-0758

CONTRACTING DEPARTMENT: Mental Health

Service Requested: Mental health services for minors
Contract Term: 2 years Contract Value: \$95,000.00
Compliance with Human Resources requirements? Yes: XX No:
Compliance verified by: Michaelson

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

Approved: ✓ Disapproved: Date: 4-31-08 By: *W. J. ...*
Approved: Disapproved: Date: By:

ASSIGNMENT

DATE: 4/29/08
ATTORNEY: ED ...
DEPT./INDEX NO.: 412100
BY: *[Signature]*

*Amount is 160,000 for 2 years
Need signature from corporate secretary*

amt corrected to \$95,000 Th 5/1/08

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: Date: 5/1/08 By: *[Signature]*
Approved: Disapproved: Date: By:

RECEIVED
HUMAN RESOURCES DEPT
APR 30 PM 4:14

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

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