

RU	CONTRACT	ROUTING S	Contract #: <u>272-S0611 Amd I</u> I
Date Prepared:	4/4/07	Need Dat	e: 9/4/07
PROCESSING DE Department:	EPARTMENT: CAO/Proc. & Contracts	CONTRA Name:	CTOR: Country Villa Merced Behavioral Health Center
Dept. Contact: Phone #: Department Head Signature:	Dustin Bailey 5833 Multiple Character of the Character o	Phone:	1255 B Street Merced, CA 95340 (310) 574-3733
Service Requested Contract Term: _F	DEPARTMENT: Mental Hed: 24-Hour Special Treatmeter February 7, 2008 Juman Resources requiremented by:	ent Program Amendment Va	No:
•	EL: (Must approve all control Disapproved: Disapproved:	Date: <u>9-9</u>	By: By: AN ID: 43
PLEASE FORWARD	TO RISK MANAGEMENT. THAN ENT: (All contracts and MOU Disapproved: Disapproved:	U's except boilerplat	e grant funding agreements) //o7 By: By:
Departments: Approved:	Disapproved:	Date:	tly affected by this contract).
Approved:	Disapproved:	Date:	By: