

Internal Contract No: 245-173-M-E2011
Purchasing Contract No: 434-S1111
Index Code: 419100

CONTRACT ROUTING SHEET

March 23, 2011

Date Prepared: _____

Need Date: RUSH

PROCESSING DEPARTMENT:

Department: Health Svcs Dept – MH Div.

Dept. Contact: Thomas Michaelson

Phone #: 6203

Department _____

Head Signature: _____

Neda West
Neda West, Director

CONTRACTOR:

Name: California Psychiatric Transitions, Inc.

Address: 9226 Hinton Avenue
Delhi, CA

Phone: 530-416-2748

CONTRACTING DEPARTMENT: Health Services Department – Mental Health Division

Service Requested: 24 hour special treatment program for adults

Contract Term: 4/1/11 to 3/31/12 Contract Value: _____ # 125,000

Compliance with Human Resources requirements? Yes No:

Compliance verified by: Chris Little

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

Approved: Disapproved: _____ Date: 4-7-11 By: [Signature]

Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2011 MAR 24 PM 3:55

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 4/8/11 By: [Signature]

Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

[Signature]
Program Mgr/Date

[Signature] 3/7/11
Finance/Date