

Contract #: 178-S1611
Index Code: 418720

CONTRACT ROUTING SHEET

Date Prepared: 9/2/15

Need Date: ASAP

PROCESSING DEPARTMENT:
Department: HHSA/Mental Health
Dept. Contact: Laura K. Walny
Phone #: Ext. 7118
Department Head Signature: *Don Ashton*
Don Ashton, M.P.A., Director

CONTRACTOR:
Name: Sierra Child and Family Services Inc.
Address: 4250 Fowler Lane Suite 204
Diamond Springs, CA 95619
Phone:

CONTRACTING DEPARTMENT: HHSA/Mental Health Division
Service Requested: Specialty Mental Health for minors - Group Home
Contract Term: 11/1/15 - 6/30/18
Contract/Grant Value: \$321,333.
Compliance with Human Resources requirements? N/A Yes No
Compliance verified by: ** in process **

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: _____ Date: 9/11/15 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: _____ Date: 9/14/15 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please contact (Laura K. Walny x7118) with questions or for contract packet pick-up. Thank you!

[Signature]
CFO Review
Date: 9/8/15

[Signature]
Deputy Director-Admin
Date: 9/4/15