Contract #: Index Code: 007-S1511 409110

CONTRACT ROUTING SHEET

Date Prepared:	3/6/14	Need Dat	e: 4/9/1	4	
PROCESSING DE	EPARTMENT:	CONTRA	CTOR:		
Department:	HHSA/Public Health	Name:			
Department.	THIO VI abile Health	ramo.	dba Grace		
Dept. Contact:	Sharon Keoppel	Address:	108 Oak R		
Phone #:	4811	Addicss.	Folsom, C		
	4011	Phone:	916-718-2		
Department	9 1	Filone.	910-110-2	275	
Head Signature:	J-Cel				
	Don Ashton, Director				
CONTRACTING I	DEPARTMENT: Health and Hu	man Services	Agency		
Service Requested: "As needed" Supplemental Residential Care for adults with mental illness					
	7/1/14 6/30/17 Three years			ie: \$192,000	
	Human Resources requirements?		Yes	x No:	
Compliance vernic	ed by: Feasibility Analysis attach	ied. HK approv	/eu 12/31/10	•	
COUNTY COUNS	SEL: (Must approve all contracts	and MOU's)	,		
Approved: X	Disapproved:	Date: 3/2	4/14	By:	
Approved:	Disapproved:	Date:	44 —	By: # 3	
Approved.	bisappioved.	Date.		- 	
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PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU! RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)					
Approved:	Disapproved:	Date: 3/35	114	By: Ozagh -	
Approved:	Disapproved:	Date:	(= 1 IIIC	By: 00	
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	121 regulated - Alloyge				
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	AL: (Specify department(s) parti				
	that involve the acquisition of softwar				
Parameter Annual Community of the Commun	quires approval from another departme	ent must also be	tirst approved	by the other department.	
Departments:					
Approved:	Disapproved:	Date:		By:	
Approved:	Disapproved:	Date:		By:	
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PM Review/Date	CFO Review/Date 3/21/14	Contracts Supe R	eview/Date	Contracts Mgr. Review/Date	
Pay 12/2000 (00 0) (0)	1-1-1			3/17/1	
Rev. 12/2000 (GS-GVP)				14-0390 A 1 of 1	