

CONTRACT ROUTING SHEET

Date Prepared: 10/1/08

Need Date: ~~10/1/08~~ 12/5/08

PROCESSING DEPARTMENT:

Department: CAO Procurement & Contracts
Dept. Contact: Bonnie Rich
Phone #: X5940
Department Head Signature: Bonnie Rich

CONTRACTOR:

Name: Crestwood Behavioral Health, Inc.
Address: 520 Capitol Mall
Sacramento, CA 95814-4713
Phone: 916-471-2242

CONTRACTING DEPARTMENT: Mental Health

Service Requested: Long term 24 hour treatment program for mentally ill adults
Contract Term: 7/1/07 to 6/30/09 Contract Value: \$1,400,000.00
Compliance with Human Resources requirements? Yes: XX No:
Compliance verified by: Patti Barton

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

Approved: Disapproved: Date: 10-14-08 By: [Signature]
Approved: Disapproved: Date: By:

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 10/17/08 By: Costello
Approved: Disapproved: Date: By:

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

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

RECEIVED
HUMAN RESOURCES
OCT 10 11 53 AM '08
COLORADO COUNTY COUNSEL

OK 12/4/08