

CONTRACT ROUTING SHEET

Date Prepared: 7/26/12

Need Date: 8/9/12

PROCESSING DEPARTMENT:

Department: HHSA / Mental Health
Dept. Contact: Kathy Lang
Phone #: X7147
Department Head Signature: [Signature]
Daniel Nielson, M.P.A., Director

CONTRACTOR:

Name: Willow Glen Care Center
Address: 1547 Plumas Court
Yuba City, CA 95991
Phone: 530-751-9903

CONTRACTING DEPARTMENT: Health and Human Services Agency - MHD

Service Requested: A3 to increase NTE for Adult residential MH services Facility
Contract Term: 4/15/10 to 4/14/13 Contract Value: \$359,000
Compliance with Human Resources requirements? Yes x No:
Compliance verified by: Feasibility Analysis attached

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

Approved: Disapproved: Date: By:
Approved: Cond'l Disapproved: Date: 7/30/12 By: [Signature]

Please explain correl. btwn. rates and number of clients. One approved via email.
[Signature]

Risk: please note insur. expires next month

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

Approved: Disapproved: Date: 7-31-12 By: [Signature]
Approved: Disapproved: Date: By:

RISK MANAGER
EL DORADO COUNTY

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

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

DAO 7/19/12
Contracts Review/date

[Signature] 7/25/12
Contracts Mgr Review/date