

CONTRACT ROUTING SHEET

Date Prepared: ~~4/4/2012~~ 5/2/12

Need Date: 5/16/12

PROCESSING DEPARTMENT:

Department: HHSA - Mental Health
Dept. Contact: Cinda Smith X6377
2nd Contact: Kathy Lang
Location: 931 Spring St, Placerville
Department Head Signature: Daniel Nielson
Daniel Nielson, MPA, Director

CONTRACTOR:

Name: Crestwood Behavioral Health
Address: P.O. Box 7877
Stockton, CA 95219
Click here to enter text.
Phone: 916 471-2242

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Inpatient Mental Health Services
Contract Term: 7/1/2010 to 6/30/2013
Contract Value: \$1,025,000
Compliance with Human Resources requirements? Yes No
Compliance verified by: Feasibility Analysis Attached

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

Approved: Cond't Disapproved: _____ Date: 5/4/12 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Cond't approval with proposed revisions
Risk Mgt: we're missing W's Comp, Professional Liability, & CGP insur. cert's

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 5-1-12 By: [Signature]
Approved: Disapproved: Date: 5-18-12 By: RISK MANAGER
No knowledge of insurance attached except Auto

Resubmit 5/17/12 (E)

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

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

DAO 5/31/12 ROG 6/1/12