Purchasing Contract No: Index Code:

A3, 011-S1111 419100

## **CONTRACT ROUTING SHEET**

Date Prepared:	Idiliz	_ Need Dat	te: 10 [15]	12
PROCESSING DEPARTMENT: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: HHSA / Mental Health Kathy Lang X7147  Daniel Nielson, M.P.A., Directors	CONTRA Name: Address: Phone:	CTOR: Crestwood Behavio PO Box 7877 Stockton, CA 95219 916-471-2242	
Contract Term: 7 Compliance with I	d: Inpatient Mental Health S	nts? Yes	Agency – MHD  ontract Value: \$1,47  x No:	75,000
COUNTY COUNS Approved: Approved:	Disapproved:  Disapproved:		///Q By:	Lies Best 12001 -1
				MIN COURSEL
Approved:	ENT: (All contracts and MODISAPPROVED: Disapproved: Disapproved:	J's except boilerpla Date: Date: Date:	By:  RISK MANA  EL DORADO CO	Odama-
Departments:	AL: (Specify department(s)			contract)
Approved:	Disapproved: Disapproved:	Date:	By:	
100 Slota 9/25/1 Contracts Review/date	2 Rundaw Contracts Mgr Revie	16 9/28/12 w/date	S OCT 15 AM 10: 53	1

HUMAN RESOURCES DEPT.