Contract #: 449-S1311

14-0698 C 1 of 1

Index Code:

418400

## **CONTRACT ROUTING SHEET**

			21 1	
Date Prepared:	0125113	Need Date	3/26/13	
PROCESSING DE	EPARTMENT:	CONTRAC	CTOR:	
Department:	HHSA/Mental Health	Name:	BHC Sierra Vista Ho	spital
Dept. Contact:	Kathy Lang	Address:	8001 Bruceville Roa	d
Phone #:	X7147		Sacramento, CA 958	323
Department	and Dadu Am	Phone:	916-288-0300	
Head Signature	auch Haum Cong	uy_		
$\cup$	Daniel Nielson, M.P.A., Dire	ector		
CONTRACTING I		d Human Services A	gency/MHD	
	d: Inpt hospital MH treatme			
	On signature – perpetual		/Grant Value: \$200,	
	luman Resources requirement		Yes x	No:
Compliance verifie	ed by: Approval 2/20/13 Mi	ke Strella		9
COUNTY COUNS	EL: (Must approve all cont	racts and MOU's)		HAI
Approved: X			3 By: PA	J-18
Approved:	Disapproved:	Date:	By:	6/5
	comments			3
	11			10
5/1 See	attached Coursel a	posovel re Sho	et Doyle sefes	ente to
_ cha	mald secitars to pa	shess poul		0. E
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				SE.
	PLEASE FORWARD TO	RISK MANAGEMENT. 1	THANK YOU!	CO 33
<b>RISK MANAGEM</b>	ENT: (All contracts and MC	U's except boilerplat	e grant funding agree	entents)
Approved:	Disapproved:	Date: 200	12015 By:	aunt
Approved:	Disapproved:	Date:	By:	10 22g
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				<del>11</del> ω ω
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OTHER APPROV	AL: (Specify department(s)	participating or direc	ctly affected by this co	ontract).
	that involve the acquisition of s			
Any contract that req	uires approval from another dep			
Departments:				0 3
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	N (2)
	- 12.001	<del>yan da </del>		
Jacos Maso	140 / MIXII Jalth 2	dia Mohler.	2/25/12 PINGS	14/100: 3/11/1
PM Review/Date	CFO Review Date	Contracts Supe Rev	riew/Date Contracts M	gr. Review/Date
	42813	Dallora	3/7/13	
Rev. 12/2000 (GS-GVP)				