

Purchasing Contract No: A1, 184-S1110  
Index Code: 419100

# CONTRACT ROUTING SHEET

Date Prepared: 7/10/12

Need Date: 7/24/12

## PROCESSING DEPARTMENT:

Department: HHSA / Mental Health  
Dept. Contact: Kathy Lang  
Phone #: X6362  
Department  
Head Signature: *Daniel Nielson*  
Daniel Nielson, M.P.A., Director

## CONTRACTOR:

Name: BHC Heritage Oaks  
Address: 4250 Auburn Blvd  
Sacramento, CA 95841  
Phone: \_\_\_\_\_

## CONTRACTING DEPARTMENT: Health and Human Services Agency - MHD

Service Requested: Inpatient MH Services  
Contract Term: 7/1/10 - 6/30/13 Contract Value: \$153,500 ~~\$426,000~~  
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: ✓ Disapproved: \_\_\_\_\_ Date: 7/12/12 By: *[Signature]*

EL DORADO COUNTY COUNSEL  
7/12/12 10:20 AM

*Risk: name of insured is different; also AI lang. does not appear correct*

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

Approved: \_\_\_\_\_ Disapproved: ✓ Date: 7-13-12 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
**RISK MANAGER**  
**EL DORADO COUNTY**

*Please see attached correspondence (encl) and acknowledgment.  
Contractor has sub of \$3M - Needs to indemnify County*

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

Departments: \_\_\_\_\_  
Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8-13-12 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
**RISK MANAGER**  
**EL DORADO COUNTY**

HUMAN RESOURCES DEPT.  
12 JUL 2012 3:26 PM

*[Signature]* 7-6-12  
Contracts Review/date

*R. Webb* 7/9/12  
Contracts Mgr Review/date

RECEIVED  
HUMAN RESOURCES DEPT.  
12 AUG 13 AM 10:23