

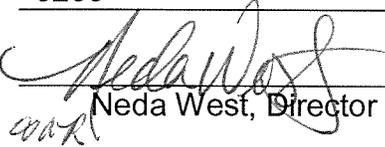
Internal Contract No: 279-105-M-E2010  
Purchasing Contract No: 329-S1111  
Index Code: 419100

# CONTRACT ROUTING SHEET

Date Prepared: December 13, 2010 1/26/11

Need Date: December 30, 2010 1/31/11

### PROCESSING DEPARTMENT:

Department: Health Svcs Dept – MH Div.  
Dept. Contact: Thomas Michaelson  
Phone #: 6203  
Department  
Head Signature: 

Neda West, Director

### CONTRACTOR:

Name: Remi Vista, Inc.  
Address: 393 Park Marina Circle  
Redding, CA 96001  
Phone: 530-245-5805

### CONTRACTING DEPARTMENT: Health Services Department – Mental Health Division

Service Requested: Mental health services for minors

Contract Term: 3/1/11 to 6/30/12

Contract Value: 514,000 #208,000

Compliance with Human Resources requirements? Yes  No

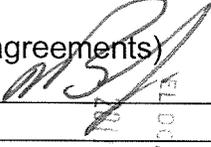
Compliance verified by: Chris Little

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

Approved:  Disapproved: \_\_\_\_\_ Date: 1-28-11 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

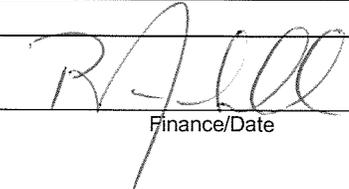
### RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved:  Disapproved: \_\_\_\_\_ Date: 2/1/11 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

  
Program Mgr/Date

  
Finance/Date