

Internal Contract No: 153-MHD0609
Purchasing Contract No: 038-S1011
Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: ~~June 14, 2011~~ 7/19/11

Need Date: 8/2/11

PROCESSING DEPARTMENT:

Department: Health Svcs - Mental Health
Dept. Contact: Kathy Lang x 6362
2nd Contact: Tom Michaelson
Department Head Signature: *Neda West*
Neda West, Director

CONTRACTOR:

Name: Blue Cross of Calif for CMSP
Address: 21555 Oxnard St, 8D
Woodland Hills, CA 91367
Phone:

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Use of EDC Psych Health Facility (PHF)
Contract Term: extends term to 12/31/11
Contract Value: Varies based on usage
Compliance with Human Resources requirements? Yes No
Compliance verified by: N/A - Incoming Funding

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

Approved: *Cond'l* Disapproved: *X* Date: 7/21/11 By: *Juan Rodriguez*
Approved: _____ Disapproved: _____ Date: _____ By: _____

2011 JUL 19 PM 3:25
SERRANO COUNTY COUNSEL

*Conditional: See changes as indicated - amendment needs to be set up for Bd signature
Call up questions
7/20/11 - submitted changes to Blue Cross for approval. @
8/4/11 - Rec'd approval for check from Blue Cross. @
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!*

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

Approved: Disapproved: _____ Date: 7/21/11 By: *[Signature]*
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: _____

RECEIVED
RISK MANAGEMENT DEPT
JUL 22 AM 11:15

[Signature] 6/15/11
Program Manager Date

[Signature] 6/17/11
Finance Date