


Contract #: 038-S1011, A3
Index Code: 418400

CONTRACT ROUTING SHEET

Date Prepared: 1/30/14

Need Date: 2/13/14

PROCESSING DEPARTMENT:

Department: HHSA/Mental Health
Dept. Contact: Kathy Lang
Phone #: X7147
Department Head Signature: 
Don Ashton, M.P.A., Director

CONTRACTOR:

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

CONTRACTING DEPARTMENT: HHSA/Mental Health Division

Service Requested: Use of EDC Psychiatric Health Facility (PHF)

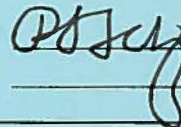
Contract Term: 8/15/10 to 12/31/13 extending to 12/31/16

Contract/Grant Value: Varies based on usage

Compliance with Human Resources requirements? N/A x Yes No

Compliance verified by:

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

Approved: X Disapproved: Date: 2/3/14 By: 
Approved: Disapproved: Date: By:

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

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

Approved: Disapproved: Date: 2/14/2014 By: 
Approved: Disapproved: Date: By:

Nothing for Risk to approve

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


NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments:

Approved: Disapproved: Date: By:
Approved: Disapproved: Date: By:

 1/28/14
Contracts Supe Review/Date

Program Mgr. Review/Date


Contracts Mgr. Review/Date

 1/28/14
CFO Review/Date