Contract #:

512-S1311 A1

13-0558 4A 1 of 1

Index Code:

418400

## **CONTRACT ROUTING SHEET**

PROCESSING DEPARTMENT: Department: Health & Human Svcs Agency Dept. Contact: Sharon Keoppel Phone #: X 4811 Department Head Signature: Don Ashton, M.P.A., Director CONTRACTIOR DEPARTMENT: Health and Human Services Agency — Mental Health Service Requested: Residential, MH Treatment Contract Term: VH1/13 — 2726H6 (Jap/IIII) Compliance with Human Resources requirements? Compliance with Human Resources requirements? COUNTY COUNSEL: (Must approved: Date: By: Approved: Disapproved: Date: By:  PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU! RISK MANAGEMENT: (All contracts and MOU's) 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: By:  A COUNTY COUNSEL: (Must approved: Date: By:  A COUNTY COUNTY DEPARTMENT: HANK YOU! RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Date: By:  A COUNTY DEPARTMENT: HANK YOU! RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Date: By:  A COUNTY DEPARTMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Date: By:  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). NOTE: All contracts that involve the acquisition of software or computer related items must be approved by IT fir Any contract that requires approved in participating or directly affected by this contract). NOTE: All contracts that involve the acquisition of software or computer related items must be approved by IT fir Any contract that requires approved: Disapproved: Date: By:	Date Prepared:	2/18/14	Need Da	te:
Department: Health & Human Svcs Agency Dept. Contact: Sharon Keoppel Department	PROCESSING D	EPARTMENT:	CONTRA	ACTOR:
Dept. Contact: Sharon Keoppel X 4811  Department Head Signature: Don Ashton, M.P.A., Director  CONTRACTING DEPARTMENT: Health and Human Services Agency – Mental Health Service Requested: Residential MH Treatment  Contract Term: A1/13 – 2728/16 / 30/I/W  Compliance with Human Resources requirements? Compliance with Human Resources requirements? Compliance with Human Resources requirements? COUNTY COUNSEL: (Must approve all contracts and MOU's)  Approved: Disapproved: Date: By:  PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!  RISK MANAGEMENT: (All contracts and MOU's)  Approved: Disapproved: Date: By:  DOTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  NOTE: All contracts that involve the acquisition of software or computer related items must be approved by IT fir Any contract that requires approval from another department must also be first approved by the other department Departments:  Approved: Disapproved: Date: By:				Mental Health Management I,
Phone #. X 4811 Department Head Signature:  Don Ashton, M.P.A., Director  CONTRACTING DEPARTMENT: Health and Human Services Agency – Mental Health Service Requested: Residential MH Treatment Contract Term: \$\frac{\pmathbb{A}}{\pmathbb{A}} \frac{\pmathbb{A}}{\pmathbb{A}} \pmathbb{	Dept. Contact:	Sharon Keoppel	Address:	
Department Head Signature:    Don Ashton, M.P.A., Director				
Head Signature:  Don Ashton, M.P.A., Director  CONTRACTING DEPARTMENT: Health and Human Services Agency – Mental Health  Service Requested: Residential MH Treatment Contract Term: 1/1/13 – 2729/16   1/30   1/0   Contract/Grant Value: \$375,000   Compliance with Human Resources requirements? N/A Yes x No; 1/2   Compliance verified by: HR questionnaire  COUNTY COUNSEL: (Must approve all contracts and MOU's) 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: 3 17 19 By:  Approved: Disapproved: Date: 3 17 19 By:  Approved: Disapproved: Date: 3 17 19 By:  Approved: Disapproved: Date: By:  DOTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  NOTE: All contracts that involve the acquisition of software or computer related items must be approved by IT fir Any contract that requires approval from another department must also be first approved by the other department Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Disapproved: Date: By:  Disapproved: Disapproved: Date: By:  Approved: Disapproved: Date: By:		1	Phone:	
Don Ashton, M.P.A., Director  CONTRACTING DEPARTMENT: Health and Human Services Agency – Mental Health Service Requested: Residential MH Treatment Contract Term: 1/1/13 – 2728/HS / 30 / W Contract/Grant Value: \$375,000 Compliance with Human Resources requirements? N/A Yes x No. F Compliance verified by: HR questionnaire  COUNTY COUNSEL: (Must approve all contracts and MOU's) 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: 3 17 19 By: Approved: Approved: Disapproved: Date: 3 17 19 By: Approved: Disapproved: Date: 3 17 19 By: Approved: Approved: Disapproved: Date: 3 17 19 By: Approved: Disapproved: Date: 3 17 19 By: Approved: Disapproved: Date: By:		D-C2		
Service Requested: Residential MH Treatment Contract Term: \$41/13 - 2728/16		Don Ashton, M.P.A., Director		
Service Requested: Residential MH Treatment Contract Term: \$41/13 - 2728/16	CONTRACTING	DEPARTMENT: Health and Hu	man Sarvices	Agency - Mental Health
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Rev. 12/2000 (GS-GVP)