Contract #: Index Code:

464-S1411 530500

14-0618 E 1 of 1

## **CONTRACT ROUTING SHEET**

Date Prepared:	2/27/14	Need Dat	Need Date:	
PROCESSING DEPARTMENT:		CONTRA	CONTRACTOR:	
Department:	HHSA/Public Health	Name:	Oakendell, dba Oakendell	
		(C. 1)	Residential Treatment Facility	
Dept. Contact:	Sharon Keoppel	Address:	3585 Hawver Ranch Road	
			(Mailing: P.O. Box 1144)	
Phone #:	4811		San Andreas, CA 95249	
Department	and	Phone:	(209) 754-1249	
Head Signature:	Don Ashton M.D.A. Director		<u></u>	
	Don Ashton, M.P.A., Director		201	
CONTRACTING DEPARTMENT: Health and Human Services Agency				
Service Requested: Foster care/group home services on an "as requested" basis.				
Contract Term: Perpetual upon execution Contract/Grant Value: \$400.000				
Compliance with Human Resources requirements? N/A Yes _x No:				
Compliance verified by: Feasibility Analysis attached., HR approved 2/6/14				
COUNTY COUNCEL (Must supress all sentrate and MOULS)				
COUNTY COUNSEL: (Must approve all contracts and MOU's)				
Approved: Disapproved: Disapproved: Date: 3/14/14 By: By: By:				
Approved: Disapproved: Date: By:				
		SAME CONTRACTOR OF	0	
PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!  RISK MANAGEMENT: (All contracts and MOU's except beilerplate grant funding agreements)				
Approved:	Disapproved:	Date: 2	2014 By: Statems	
Approved:	Disapproved:	Date.	By	
C. W				
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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 first approved by IT.				
	quires approval from another depar	tment must also be t	irst approved by the other department.	
Departments:				
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	
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PM Review/Date	28/14 CFOReview/Date 3/11/19	Contracts Supe Re	view/Date Contracts Mgr. Review/Date	
Rev. 12/2000 (GS-GVP)			OPTI	