

Contract #: 520-S1411  
Index Code: 418400

# CONTRACT ROUTING SHEET

Date Prepared: \_\_\_\_\_

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: HHSA/Mental Health

Dept. Contact: Sharon Keoppel

Phone #: X4811

Department

Head Signature: [Signature]  
Don Ashton, M.P.A., Director

**CONTRACTOR:**

Name: BHC Health Services of Nevada, dba West Hills Hospital

Address: 1240 East 9<sup>th</sup> Street  
Reno, NV 89512

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HHSA/Mental Health Services

Service Requested: Inpt MH Treatment

Contract Term: On signature for 5 yrs Contract/Grant Value: \$200,000

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

Compliance verified by: Feasibility Analysis

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

Approved: X Disapproved: \_\_\_\_\_ Date: 4/28/14 By: [Signature]

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: 4/30/14 By: [Signature]

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

self indexed 1st 3 mill GL E PL  
red Annual Rpt - ok  
Add Insd on Umbrella

**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: \_\_\_\_\_

[Signature] 4/2/14  
Contracts Supe Review/Date

[Signature] 4/1/14  
Program Mgr. Review/Date

[Signature] 4/16/14  
Contracts Mgr. Review/Date  
Ass't Dir. Admin/Finance

[Signature]  
CFO Review/Date

EL DORADO COUNTY COUNTY CLERK  
2014 APR 17 AM 10:37  
RECEIVED  
HUMAN RESOURCES DEPT.  
APR 29 PM 4:40