

Contract #: 221-S1511

Index Code:

CONTRACT ROUTING SHEET

Date Prepared: 10/17/14

Need Date: 10/23/14

PROCESSING DEPARTMENT:

Department: HHSA/Mental Health Div

Dept. Contact: Kathryn Lang

Phone #: Ext 7147

Department

Head Signature: 
Don Ashton, M.P.A., Director**CONTRACTOR:**

Name: Telecare Corporation, Inc.

Address: 1080 Marina Village Parkway

Alameda, CA 94501

Phone:

CONTRACTING DEPARTMENT: HHSA/Mental Health Division

Service Requested: Operation of the Psychiatric Health Facility

Contract Term: 4/1/15 - 12/31/20 *execution - 1/19/20* Contract/Grant Value: \$25,781,185Compliance with Human Resources requirements? ☒ N/A Yes ☒ No

Compliance verified by: RFP bid awarded by the Board 8/26/14 (14-0517)

COUNTY COUNSEL: (Must approve all contracts and MOU's)Approved: ☒ Disapproved: _____ Date: 10/24/14 By: 

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

EL DORADO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)Approved: ☒ Disapproved: _____ Date: 10/27/14 By: 

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

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: _____


CFO Review10/16/14
Date
Assistant Director Admin/Finance10/16/14
Date