			ntract #: <u>395-S1211 A2</u>	
			x Code:	
	CONTRAC	<b>F</b> ROUTING	SHEET	
Date Prepared:	3/2/15	Need Dat	e: RUSH PLEASE	
PROCESSING D	EPARTMENT:	CONTRA	CTOR:	
Department:	HHSA/Mental Health	Name:		
Dept. Contact:	DeAnn Osborn	Address:	Transitions, Inc. 9226 Hinton Ave, Delhi, CA 95315	
Phone #:	X7373		Mailing: PO Box 339, Delhi, 95315	CA
Department Head Signature:	Don Ashton, M.P.A., Di	Phone:	209-667-9304	
	DEPARTMENT: HHSA			
	ed: Long-term residentia			
Contract Term:	5/10/12-3/31/16 Human Resources requir		/Grant Value: <u>\$1,246,000.0</u> Yes X No:	0
	ed by: Judie Engel			
			50 F	
Approved: X	SEL: (Must approve all c Disapproved:		5 BV: PAAT	
Approved: _/	Disapproved: Disapproved:	Date: 9/4/	By: 4 8	2
				)
			ц. С.	
			- <u></u> <u></u>	
			<b>F</b>	
		TO RISK MANAGEMENT.		
	<b>ENT:</b> (All contracts and		te grant funding agreements)	
Approved: X	Disapproved: Disapproved:	Date: <u>314</u> Date:	By: By:	
Approved			by	
			7	20
			R	4
			ctly affected by this contract).	
electronic information	n, the acquisition of software	or computer related items	n, storing, retrieving, transfer <del>, g</del> r se or any other service/item t <del>hat</del> ma	naing o av be 11
related, especially th	ose that involve computers a	nd telecommunications, mu	st be approved by IT before submi	ission to
	pplies to any other contract th	at requires approval from an	other department.	
Departments:	Diconnround	Dete		<u>~</u>
Approved:	Disapproved: Disapproved:	Date: Date:	By: By:	
			Dy	
Please contact DeAnn Osborn x 7118 with questions or for contract packet pick-up. Thank you!				
MULIDAN	3/3/15			-
CFO Review	Date	D 1 Program Manager	II, Administration and Contracts 12-0689 3A 1 of 1	Date
		531315	12-0689 3A 1 of 1	A. Carl