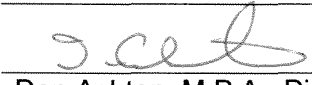


Contract #: TBD
Index Code: 418720

CONTRACT ROUTING SHEET

Date Prepared: 1/12/16


Need Date: ASAP (HHSa deadline 2/9 for 3/8 BOS date)

PROCESSING DEPARTMENT:
Department: HHSa/Mental Health
Dept. Contact: Laura K. Walny
Phone #: Ext. 7118
Department Head Signature: 
Don Ashton, M.P.A., Director


CONTRACTOR:
Name: California Psychiatric Transitions
Address: 9226 Hinton Avenue
Delhi, CA 95315
Phone: (209) 667-9304 x 201

CONTRACTING DEPARTMENT: HHSa/Mental Health Division
Service Requested: Acute residential treatment/MHRC level services
OK **NOTE:** The rates listed are the old rates; we are waiting for the updated rates from vendor; however content has been otherwise amended per procurement template.

Contract Term: Upon execution/June 30, 2018 Contract/Grant Value: \$1,500,000.
Compliance with Human Resources requirements? N/A Yes X No
Compliance verified by: Mike Strella

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: X Disapproved: _____ Date: 1/15/16 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____
Note: IF ONLY change is rates, we will not need to re-review

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: ✓ Disapproved: _____ Date: 1/19/16 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: _____

Please contact (Laura K. Walny x7118) with questions or for contract packet pick-up. Thank you!

 1/14/16
CFO Review Date

 1/13/16
Deputy Director-Admin/Contracts Date