Purchasing Contract No: 583-S12 Index Code: 419200

583-S1211

## **CONTRACT ROUTING SHEET**

Service Requested: Residential treatment services for mentally ill adults  Contract Term: Upon signature through 6/30/13	Date Prepared:	5/24/12	Need Dat	e: 5/31/12	
Department: HHSA – Mental Health	PROCESSING DI	EDARTMENT:	CONTRA	CTOR.	
Dept. Contact:  2nd Contact:  Zhana McCullough  Department  Head Signature:  Daniel Nielson, MPA, Director  CONTRACTING DEPARTMENT: Health and Human Services Agency  Service Requested: Residential treatment services for mentally ill adults  Contract Term: Upon signature through 6/30/13  Compliance with Human Resources requirements? Yes No:  Compliance verified by: Feasibility Analysis Attached  COUNTY COUNSEL: (Must approve all contracts and MOU's)  Approved: Disapproved: Date:  Approved: Disapproved: Disapproved: Date:  Approved: Disapproved: Date:  Disapproved: Disapproved: Date:  Approved: Disapproved: Date:  Disapproved: Disapproved: Date:  Approved: Disapproved: Date:  Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:				Denise Thompson dba The Denise	
Location:  Department  Head Signature:  Daniel Melson, MPA, Director  CONTRACTING DEPARTMENT: Health and Human Services Agency  Service Requested: Residential treatment services for mentally ill adults  Contract Term: Upon signature through 6/30/13 Contract Value: \$375,000  Compliance with Human Resources requirements? Yes No:  Compliance verified by: Feasibility Analysis Attached  COUNTY COUNSEL: (Must approve all contracts and MOU's)  Approved: Date: By:  Approved: Disapproved: Date: By:  PLEASE FORWARD TO RISK MANAGEMENT. THANKSI  RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding approved: Date: By:  Approved: Disapproved: Date: By:  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Disapproved: Date: By:  Disapproved: Disapproved: Date: By:  Disapproved: Date: By:  Disapproved: Date: By:  Disapproved: Date: By:	Dept. Contact:		Address:	6840 Oak Lane	
Department Head Signature:  Daniel Nielson, MPA, Director  CONTRACTING DEPARTMENT: Health and Human Services Agency Service Requested: Residential treatment services for mentally ill adults Contract Term: Upon signature through 6/30/13	The state of the s			Placerville, CA 95667	
Head Signature:  Daniel Nielson, MPA, Director  CONTRACTING DEPARTMENT: Health and Human Services Agency Service Requested: Residential treatment services for mentally ill adults Contract Term: Upon signature through 6/30/13		931 Spring Street, Placerville	-		
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Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: Date: By:  PLEASE FORWARD TO RISK MANAGEMENT. THANKS!  RISK MANAGEMENT: (All contracts and MOU's except boiletplate grant funding a mements)  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:	Service Requested: Residential treatment services for mentally ill adults  Contract Term: Upon signature through 6/30/13				
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Approved: Disapproved: Date: By:  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).  Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:				A . A	
Departments:  Approved: Disapproved: Date: By:  Approved: Disapproved: Date: By:	Approved:				
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HUMAN RESOURCES DEPT.