

Purchasing Contract No: 624-S1211
Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: 7/17/12

Need Date: 7/31/12

PROCESSING DEPARTMENT:

Department: HHSA / Mental Health
Dept. Contact: Kathy Lang
Phone #: X6362
Department
Head Signature: *Daniel Nielson*
Daniel Nielson, M.P.A., Director

CONTRACTOR:

Name: Star View Adolescent Cntr, Inc.
Address: 4025 W 226th Street
Torrance, CA 90505
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency - MHD

Service Requested: 24-hr residential svcs for minors
Contract Term: 3/15/12 - 3/14/14 Contract Value: \$204,000
Compliance with Human Resources requirements? Yes x No: _____
Compliance verified by: Feasibility Analysis attached

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: X Cond'l Disapproved: _____ Date: 7/19/12 By: *[Signature]*

Approved at to form; cond'l approval of terms; recommend revision clarification of rates provisions in Art. III (A)
Dme 7/20/12 Jay

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved: _____ Date: 7-10-12 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RISK MANAGER
EL DORADO COUNTY

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract)

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

1000 7/13/12
Contracts Review/date

R. Webb 7/16/12
Contracts Mgr Review/date