| | | | J. |
|--|--------------------------------------|----------------------------|---|
| | | Contract # | : <u>624-S1211,A1</u> |
| | | Index Code | the second se |
| CONTRACT ROUTING SHEET | | | |
| Date Prepared: | 2/1/13 | Need Date: | 2/15/13 |
| PROCESSING D | EPARTMENT: | CONTRACTOR: | |
| Department: | HHSA/Mental Health | Name: Star View | w Adolescent Center, |
| Dept. Contact: | Kathy Lang | Address: 4025 W | |
| Phone #: Department | <u>X7147</u> | Torrance Phone: | e, CA 90505 🎽 💈 |
| Head Signature: | Carmel the | | |
| | Daniel Nielson, M.P.A., Director | | PH PH |
| CONTRACTING DEPARTMENT: Health and Human Services Agency/MHD | | | |
| Service Requested: 24-hr residential services for minors | | | |
| Compliance with | Human Resources requirements? | Yes X | No: |
| Compliance verifi | ed by: Feasibility Analysis attached | 1/21/13 APA | sound by Streele |
| COUNTY COUNSEL: (Must approve all contracts and MOU's) | | | |
| Approved: Disapproved: Date: Date: By: By: Ken | | | |
| - impact term mended to expend term by inhaddinonal | | | |
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| | | | |
| PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU! | | | |
| RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) | | | |
| Approved: | | ate: <u>2/5//3</u> ate: | By:By: |
| Request in | | inty of EI Dora | |
| - Departme | A of Himan Services on | as certificate & | ulder and to - |
| | | | |
| | | | ú deb |
| | AL: (Specify department(s) particip | | |
| NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department. | | | |
| Departments: | | | 2 |
| Approved: Approved: | | ate: | _ By: By: |
| | <u></u> | aress NUL 51 | |
| | | | |
| Aka log | 1/25/13 Millat | Mableola /25/13 | Ceptitica Typeller |
| PM Review/Date | CFO Review Date 124/13. | Contracts Supe Review/Date | Contracts Mgr. Review/Date |
| | | 10000 121113 | 12-1066 2A 1 of 1 |