Contract #:

071-S1811

Index Code:

418720

CONTRACT ROUTING SHEET

Date Prepared:	5/17/17 TO Counsel S	(22/17 Need Date:	6/2/17 HW
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature: CONTRACTING	HHSA Heather Longo X7373 Patricia Charles-Heathers, Pholirector	Address: 1 C Phone: 5	COR: Cictor Treatment Centers, Inc. 360 Lassen Ave Chico, CA 95973 30/893-0758
Service Requeste Contract Term: _9 Compliance with I	d: Specialty Mental Health	Contract/G ents? N/A	rant Value: \$150,000.00 Yes x No: P
COUNTY COUNS Approved: Approved:	SEL: (Must approve all control Disapproved: Disapproved:	racts and MOU's) Date: 5/33/1 Date:	By: PN 2: 39
RISK MANAGEM Approved:/ Approved:	PLEASE FORWARD TO F ENT: (All contracts and MO Disapproved: Disapproved:	Date: 5-49 Date:	grant funding agreements) By: By:
NOTE: Any contract electronic information related, especially the	, the acquisition of software or c	participating or directly tallation, implementation, somputer related items, or elecommunications, must be	toring, retrieving, transfer, or sendin any other service/item that may be e approved by IT before submissio
Please con CFO Review Rev. 12/2000 (GS-GVP)	tact Heather Longo x7373 with o	SEL	packet pick-up. Thank you! S/14/17 Date 17-0645 A 1 of 1