

Internal Contract No: 243-105-M-R2010

Purchasing Contract No: N/A

Index Code: 419100

# CONTRACT ROUTING SHEET

Date Prepared: January 7<sup>19</sup>, 2010

Need Date: 1/15/10<sup>22</sup>

### PROCESSING DEPARTMENT:

Department: Health Svcs Dept – MH Div.

Dept. Contact: Thomas Michaelson

Phone #: 6203

Department: \_\_\_\_\_

Head Signature: *Neda West*

Neda West, Director

### CONTRACTOR:

Name: CA Dept of Mental Health

Address: 1600 9<sup>th</sup> Street, Room 120

Sacramento, CA 95814

Phone: 916-653-7968

### CONTRACTING DEPARTMENT: Health Services Department – Mental Health Division

Service Requested: Community Mental Health Services block grant renewal application

Contract Term: 7/1/09 through 6/30/10 Contract Value: \$137,239

Compliance with Human Resources requirements? Yes  No

Compliance verified by: N/A

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

Approved:  Disapproved: \_\_\_\_\_ Date: 1-20-10 By: *[Signature]*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED COUNTY COUNSEL  
10 JAN 19 11:23

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 1/21/10 By: *[Signature]*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED HUMAN RESOURCES DEPT  
10 JAN 20 PM 4:55

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Finance/Date

Deputy Director/Date