Internal Contract No:

243-121-M-

R2010

419100

Purchasing Contract No:

N/A

Index Code:

CONTRACT ROUTING SHEET

Date Prepared:	May 6, 2010	Need Date	5/27/10	5 18/10
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature:		Address: _	CTOR: CA Dept of Me 1600 9 th Street Sacramento, C 916-651-1381	, Room 120
Service Requeste Contract Term: _7 Compliance with I	DEPARTMENT: Health Service d: PATH grant renewal applica 7/1/10 through 6/30/11 Human Resources requirements ed by: N/A	ation Co	ntract Value: _	Division \$36,651 No: ∑
	EL: (Must approve all contracted Disapproved: Disapproved:		By:	Gillian
	TO RISK MANAGEMENT. THANKS ENT: (All contracts and MOU's Disapproved: Disapproved:	except boilerplate	, ,	agreements)
OTHER APPROV Departments: Approved: Approved:	AL: (Specify department(s) par Disapproved: Disapproved:	Date:	By:	<u>, </u>
	Benfalry Finance/Date	5/6//C Deputy Director/Date	īV	