# Internal Contract No: <br> Purchasing Contract No: <br> CONTRACT ROUTING SHEET 

| Date Prepared: | May 6, 2010 |
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| PROCESSING | DEPARTMENT: |
| Department: | Health Svcs Dept - MH Div. |
| Dept. Contact: Thomas Michaelson <br> Phone \#: 6203 <br> Department  <br> Head Signature:  <br>  $\quad$ NedaWest, Director |  |

Need Date: $\quad$| $5 / 27110$ | $518 / 10$ |
| ---: | :--- |

CONTRACTOR:
Name: CA Dept of Mental Health
Address: $16009^{\text {th }}$ Street, Room 120 Sacramento, CA 95814
Phone: 916-651-1381

CONTRACTING DEPARTMENT: Health Services Department - Mental Health Division
Service Requested: PATH grant renewal application
Contract Term: $7 / 1 / 10$ through 6/30/11
Compliance with Human Resources requirements?
Compliance verified by:
N/A

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved:
Approved: $\qquad$ Disapproved: Disapproved: $\qquad$ Date: Date:
$\qquad$ By: By:



OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments:
Approved: $\quad$ Disapproved: $\quad$ Date:
Approved:

