Contract #: 132-S1311, A-2 418720

## **CONTRACT ROUTING SHEET**

Date Prepared:	4/8/14	Need Date	Need Date:		
PROCESSING DEPARTMENT:			CONTRACTOR:		
Department:	HHSA/Mental Health	_ Name:		nd Family Svcs	
Dept. Contact:	Sharon Keoppel	Address:			
Phone #:	X 4811		Diamond Sprin	ngs, CA 95619	
Department		Phone:			
Head Signature:	200				
	Don Ashton, M.P.A., Directo	r de la company			
CONTRACTING	DEPARTMENT: HHSA/Me	ntal Health Division			
Service Requeste	d: Amendment II to Special	ty MH Services for	Minors		
	7/1/12 - 6/30/15 (no chg)		/Grant Value:	\$2,566,000	
	Human Resources requireme		_	No:	
	ed by: Feasibility Analysis a				
COUNTY COUNS	SEL: (Must approve all contra	acts and MOU's)	1	an	
Approved:	Disapproved:	Date: 4//7	/14 By:	(Pater)	
Approved:	Disapproved:	Date:	By:		
Approved.	Disapproved.	Date.	Бу.		
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				700	
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	PLEASE FORWARD TO R	ISK MANAGEMENT	THANK YOU		
RISK MANAGEM	IENT: (All contracts and MOI			agreements)	
Approved:	Disapproved:	Date: 4/26	119 By:		
Approved:	Disapproved:	Date:	By:		
Approved.		icate Hold	by.		
			<i>A</i>	pro-	
	when new ones	get issued		Trappa 1 1 1	
	4/12 note	N. 1/2		<del> </del>	
OTHER APPROV	AL: (Specify department(s)	participating or dire	ctly affected by	this confract)	
	that involves the development, ins				
	n, the acquisition of software or co				
	ose that involve computers and te			IT before submission to	
	pplies to any other contract that rec	luires approvai from an	otner department.	<u> </u>	
Departments:	<u> </u>	D.			
Approved:	Disapproved:	Date:	By:		
Approved:	Disapproved:	Date:	By:		
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Meliora 41	8/14 X011/11/11/11	) Jun	-4/16/16-	Pate & Hote 4/30)	
Contracts Supe Review/I	Date Program Mgr. Review/Date	Contracts Mgr. Re	view/Date CFC	Review/Date	
	CFO 4/1/1/14	Asst. DIR Q	min		
	11.11	& Finma	1		