

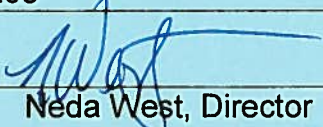
Internal Contract No: 243-105-M-R2011
Purchasing Contract No: N/A
Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: June 22, 2011

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health Svcs Dept – MH Div.
Dept. Contact: Thomas Michaelson
Phone #: 6203
Department
Head Signature: 
Neda West, Director

CONTRACTOR:

Name: CA Dept of Mental Health
Address: 1600 9th Street, Room 150
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: 7/1/11 to 6/30/12 Contract Value: \$135,802
Compliance with Human Resources requirements? Yes No:
Compliance verified by: N/A - revenue

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

Approved: form Disapproved: _____ Date: 6/29/11 By: Judith Cook
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2011 JUN 28 PM 2:02

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: _____ Date: 6/29/11 By: M. Sporn
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

By: [Signature] 6/28/11
Program Mgr/Date
Return for 2nd look
after application
is completed.
- BW

[Signature] 6/28/11
Finance/Date