Contract #:

028-F1511

Index Code:

418400

## **CONTRACT ROUTING SHEET**

Date Prepared:	05-08-2014	Need Date:	Rush, pleas	e
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: HHSA/Mental Health Zhana Mc Cullough Ext. 7154  Don Ashton, M.P.A., Director	Address: P.	DR: ounty of Shasta O. Box 496005 edding, CA 9600	
Service Requeste Contract Term: _C Compliance with H	DEPARTMENT: Health and Hud: EDC to provide MH services 07/01/2014 – perpetual Human Resources requirements? ed by: Revenue Agreement	to Shasta County of Contract/Grant	ncy/Mental Hea clients at the EI ant Value: _\$10 Yes	OC PHF
Approved: X	EL: (Must approve all contracts Disapproved: Disapproved:		By:	Harly EL DDR ADO COU  20 4 11 A 1 1 3
	PLEASE FORWARD TO RISK		4	
Approved:	<b>ENT:</b> (All contracts and MOU's e Disapproved:	except boilerplate g Date: 5 2 2	irant∤funding ag )ì	reements)
Approved:	Disapproved:	Date:	By:	CO M
_Please contact	for pick-up. Thank you	I		2 65 -1 55 -1 55 -1 55
NOTE: Any contract electronic information related, especially the Counsel. This also a	AL: (Specify department(s) part that involves the development, installat, the acquisition of software or compute see that involve computers and telecomplies to any other contract that require aformation—Technologies	ion, implementation, sto er related items, or any munications, must be a	oring, retrieving, tra other service/item approved by IT befo	ansfer, or sending of that may be IT
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	
Contracts Supe Review/I	Date Program Mgr, Review/Date	Contracts Mgr. Review/	S/DI/14/ CFO Rev	Walter 5/12/12/

Rev. 12/2000 (GS-GVP)

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