Contract #:	N/A - Release Authorization	
Index Code:	419900	

CONTRACT ROUTING SHEET

	02-27-2017- 03-09-2017	Need Date	
DDOCESSING D	EDADTMENT.	CONTRAC	Please rush-State deadline
PROCESSING D		CONTRAC	
Department:	HHSA/MH	Name:	CA Dept. of Health Care Svcs
	Zhana Mc Cullough		
Phone #:	7154	Address:	1501 Capitol Avenue
Department			Sacramento, CA 95899
Head Signature:	Patricia Charles-Heathers, Ph.D.	Phone: ., Director	
CONTRACTING	DEPARTMENT: HHSA/Mental	Health	
	d: Release authorization for future		funds from MHSA Housing funds
Contract Term:			ct/Grant Value: \$ Varies annually
	Human Resources requirements? ed by: Refund of MHSA housing		Yes X No:
COUNTY COUNS	SEL: (Must approve all contracts	and MOU's)	
Approved: X		Date: 3/10/	By: PAME I
Approved:	Disapproved:	Date:	By:
		Date.	by.
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Approved: Approved: OTHER APPROV NOTE: Any contract sending of electronic that may be IT related before submission to department.	Disapproved: Disapproved: Does not require revi AL: (Specify department(s) partice that involves the development, installate information, the acquisition of software	Date: Date: Date: Lew by Risk Maccipating or direction, implement or computer reters and telecontaction.	By: By: By: anagement. ectly affected by this contract). tation, storing, retrieving, transfer, or elated items, or any other service/item mmunications, must be approved by IT
Approved: Approved: OTHER APPROV NOTE: Any contracts and ing of electronic that may be IT related before submission to department. Departments:	Disapproved: Disapproved: Does not require revi AL: (Specify department(s) partice that involves the development, installate information, the acquisition of softwared, especially those that involve compute to Counsel. This also applies to any other counsel.	Date: Date: Date: ew by Risk Maccipating or direction, implemente or computer reters and telecorner contract that	By: By: anagement. ectly affected by this contract). tation, storing, retrieving, transfer, or elated items, or any other service/item munications, must be approved by IT requires approval from another
Approved: Approved: OTHER APPROV NOTE: Any contract sending of electronic that may be IT relate before submission to department.	Disapproved: Disapproved: Does not require review that involves the development, installating information, the acquisition of softwared, especially those that involve computation.	Date: Date: Date: Lew by Risk Maccipating or direction, implement or computer reters and telecontaction.	By: By: By: anagement. ectly affected by this contract). tation, storing, retrieving, transfer, or elated items, or any other service/item mmunications, must be approved by IT