

Internal Contract No: 152-MHD0609
Purchasing Contract No: 877-S0911
Index Code: N/A - no funding

CONTRACT ROUTING SHEET

Date Prepared: June 16, 2009

Need Date: ~~6/30/09~~ 8/3/09

PROCESSING DEPARTMENT:

Department: Health Svcs Dept - MH Div.
Dept. Contact: Thomas Michaelson
Phone #: 6203
Department
Head Signature: *Neda West* 7/19/09
Neda West, Director

CONTRACTOR:

Name: CA Dept of Mental Health
Address: 1600 9th Street
Sacramento, CA 95814
Phone: 916-654-2404

CONTRACTING DEPARTMENT: Health Services Department - Mental Health Division

Service Requested: State hospital bed purchase and usage
Contract Term: 7/1/08 to 6/30/09 Contract Value: \$0
Compliance with Human Resources requirements? Yes No:
Compliance verified by: N/A

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

Approved: Disapproved: _____ Date: 7-24-09 By: *Geoffrey*
Approved: _____ Disapproved: _____ Date: _____ By: _____

2009 JUL 20 PM 3:13
SACRAMENTO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 7/24/09 By: *MS*
Approved: _____ Disapproved: _____ Date: _____ By: _____

2009 JUL 22 AM 8:08
HUMAN RESOURCES DEPT

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

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

By Wendy *6/18/09*
CKmdt *7/15/09*
M... *7/12/09*