

Purchasing Contract No: N/A
Index Code: 419100

CONTRACT ROUTING SHEET

Please
RUSH!

Date Prepared: 6/14/12

Need Date: 6/28/12

PROCESSING DEPARTMENT:

Department: HHSA / Mental Health
Dept. Contact: Kathy Lang
Phone #: X6362
Department Head Signature: *Daniel Nielson*
Daniel Nielson, M.P.A., Director

CONTRACTOR:

Name: State Dept of Mental Health
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Health and Human Services Agency - MHD

Service Requested: Review of Grant Application - PATH Grant

Contract Term: FY 2012-13 Contract Value: \$36,025

Compliance with Human Resources requirements? Yes x No: _____

Compliance verified by: Not applicable.

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: X Disapproved: _____ Date: 6/14/12 By: *[Signature]*

Question: does an amount need to be stated under federal non-PATH funds on the flagged page? 6/19/12 per HHSA Finance - not required -

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

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

Risk Management Review not Required - Grant Application

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

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

DAO 6/8/12
Contracts Review/date

Linda Webb 6/12/12
Contracts Mgr Review/date