

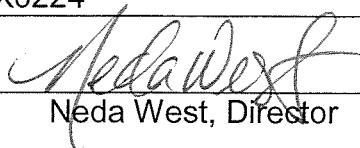
Internal Contract No: 373-162-M-E2010
Purchasing Contract No: 142-O1111
Index Code: 419100

CONTRACT ROUTING SHEET

Date Prepared: ~~7-10~~ 10-31-10

Need Date: 11-12-10

PROCESSING DEPARTMENT:

Department: Health Svcs - Mental Health
Dept. Contact: Valerie Rooker
Phone #: X6224
Department
Head Signature: 
Neda West, Director


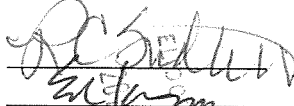

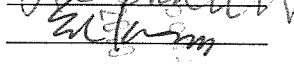
CONTRACTOR:

Name: CalMHSA
Address: 3043 Gold Canal Drive, Suite 200
Rancho Cordova, CA 95670-6394
Phone:

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Membership in CalMHSA
Contract Term: _____ Contract Value: \$500.
Compliance with Human Resources requirements? Yes No
Compliance verified by: _____

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

Approved:  Disapproved: _____ Date: 11/18/2010 By: 
Approved:  Disapproved: _____ Date: 1-31-11 By: 

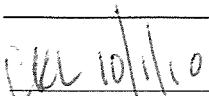
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

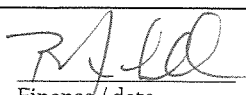
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

REVIEW BY RISK MANAGEMENT IS NOT REQUIRED

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

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


Program Mgr / date


Finance / date