

Internal Contract No: 243-172-M-R  
~~337-105-M-E2010~~ 2010  
 Purchasing Contract No: 052-S1110 488-0  
 Index Code: 419100 101

# CONTRACT ROUTING SHEET

Date Prepared: May 5, 2010

Need Date: 5/26/10

**PROCESSING DEPARTMENT:**

Department: Health Svcs Dept - MH Div.

Dept. Contact: Thomas Michaelson

Phone #: 6203

Department Head Signature: 

Neda West, Director

**CONTRACTOR:**

Name: California Department of Mental Health

Address: 1600 9<sup>th</sup> Street  
Sacramento, CA 95814

Phone: 916-654-2309

**CONTRACTING DEPARTMENT:** Health Services Department - Mental Health Division


Service Requested: Collaboration in funding MHSA housing program

Contract Term: N/A Contract Value: \$0

Compliance with Human Resources requirements? Yes  No:

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6-7-10 By: 

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*This should probably have been submitted as a invoice request for legal services  
 per one-page "Amount Agreement" is approved as to form.  
 Please note the requirements of the DMH letter of 2-4-08.*

ELDER COUNTY COUNSEL  
 JUN 13 3 22 PM '10

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6/7/10 By: 

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

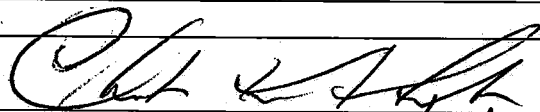
RISK MANAGEMENT DEPT  
 JUN 7 10 20 AM '10

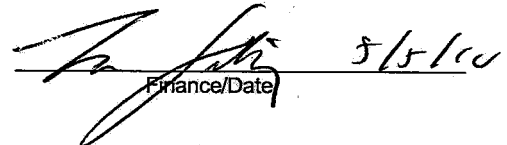
**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract)

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

  
 Program Mgr/Date 5/5/10

  
 Finance/Date 5/5/10