Internal Contract No: 087-169-M-E2011 Purchasing Contract No:

364-S1111

Index Code: 419200

CONTRACT ROUTING SHEET

Date Prepared:	January 20, 2011	Need Dat	e: <u> </u>	Jush	er e del
PROCESSING DI Department:	EPARTMENT: Health Svcs - Mental Health	CONTRA Name:		ing Youth a	and Family
Dept. Contact: 2 nd Contact: Department Head Signature:	Thomas Michaleson x6203 Kathy Lang Neda West, Director	Address: Phone:		n Valley R , CA 95667	
Contract Term: L Compliance with F	V.	11 Co ? Yes	Mental Heagram for minontract Value	nors	
COUNTY COUNS Approved:	EL: (Must approve all contracts Disapproved: Disapproved: How Minn that	_ Date:/- ; _ Date:		By: <u>lac</u> By: <u>lec</u>	lin,
PLEASE FORWARD RISK MANAGEME Approved: Approved:	TO RISK MANAGEMENT. THANKS! ENT: (All contracts and MOU's Disapproved: Disapproved:	except boilerplate Date: 2// Date:	<i>///</i> E	ling agreen 3y: // S 3y:	nents)
OTHER APPROVA	J: (Specify department(s) part				
Departments: Approved:	L: (Specify department(s) part Disapproved: Disapproved:	Date:	E	By this con By:By:	tract).
rogram Manager / date	e 1/21/19 Na-	Finance / date	ell 1	/24/11	