			<b>l</b> 1	1-73010-000
			rchasing Contract No: Index Code:	
	CONTRACT	ROUTING	G SHEET	ILLa
Date Prepared:	6/29/12	Need D	ate: 7/13/	A150°
PROCESSING DI Department:	E <b>PARTMENT:</b> HHSA / Mental Health	CONTR Name:	ACTOR: CA Dept MH & CA Care Services	Dept Health
Dept. Contact: Phone #: Department Head Signature:	Kathy Lang X6362 Daniel Nielson, M.P.A., I	Address Address Phone: Director		
	DEPARTMENT: Health			
Contract Term: 4	d: Funding Agmt with St /1/12 through 12/31/12		Services (MHP) Contract Value: \$8,5	69.359
Compliance with H	Human Resources require ed by: Not applicable – f	ments? Yes	<u>x</u> No:	
COUNTY COUNS Approved: Approved:	EL: (Must approve all co Disapproved: Disapproved:	ntracts and MOU's) Date: Date:	/9/12 By:	ELOPRAD 2012 JUN
	1			
RISK MANAGEM         Approved:         Approved:	ENT: (All contracts and M Disapproved: Disapproved:	IOU's except boilerp Date: Date:	late grant funding age / By: RFSK M EL DORAD	NAGER
State funding Agreement for Mental Health Plan				
OTHER APPROV Departments:	AL: (Specify department	(s) participating or dir	ectly affected by this	contract).
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	271
		an a		6-THEO
Contracts Review/date	- K. Wel Contracts Mgr H	b 6/28/ Review/date 12	14 3:00	BANDSZI HWMOH