Contract #: 456-F1311 | 418000

## **CONTRACT ROUTING SHEET**

Date Prepared: 2/21//3	Need Date	e: 3/18/13
PROCESSING DEPARTMENT:	CONTRAC	CTOR:
Department: HHSA/Mental Healt		CA Dept of Health Care
		Services
Dept. Contact: Kathy Lang	Address:	1501 Capitol Avenue, MS 2702
Phone #: X7147		Sacramento, CA 95899
Department Change Inc.	Phone:	916-552-9430
Head Signature:	Musey	
Daniel Nielson, M.F	P.A., Director	
CONTRACTING DEPARTMENT: H	ealth and Human Services A	Agency/MHD
Service Requested: Funding for MH		
Contract Term: 5/1/13 - 4/30-18		/Grant Value: \$24,190,642
Compliance with Human Resources re		
Compliance verified by: Funding Agre		
		20 0
COUNTY COUNSEL: (Must approve	all contracts and MOU's)	- 01 100 00 1
Approved: X 45 to Disapproved		
Approved: Disapproved		By:
I have approved since it app		
comments - the termin provision.	s appear onorous & injury	
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	ARD TO RISK MANAGEMENT.	
RISK MANAGEMENT: (All contracts		
Approved: Disapproved		By: AUDIND
Approved: Disapproved	l: Date:	By:/
Acceptable		6
		3 - 2
Y Company of the Comp		8
OTHER APPROVAL: (Specify depart	ment(s) participating or dire	
NOTE: All contracts that involve the acquis		
Any contract that requires approval from an	other department must also be f	irst approved by the other separtment.
Departments:	other department must also be f	irst approved by the other department.
Departments: Approved: Disapproved	I: Date:	irst approved by the other separtment.
Departments:	I: Date:	irst approved by the other department.
Departments: Approved: Disapproved	I: Date:	irst approved by the other separtment.
Departments: Approved: Disapproved	I: Date:	irst approved by the other separtment.
Departments: Approved: Disapproved Disapproved	I: Date:	irst approved by the other separtment.
Departments: Approved: Disapproved	: Date:  : Date:	By: By: By:  By:  By:  By:  By:  By:  B