Internal Contract No:

A-1, 292-105-M-

E2010

Purchasing Contract No:

050-S1111

419100 Index Code:

## **CONTRACT ROUTING SHEET**

Date Prepared:	February 11, 2011	Need Dat	e:	2/28/1	
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature:	Health Svcs Dept – MH Div. Thomas Michaelson 6203  Meda West, Director	CONTRA Name: Address: Phone:	Victor <b>1</b> 2561 C	Freatment Ce california Park CA 95928 3-0758	
Service Requeste Contract Term: _7	DEPARTMENT: Health Services d: Mental health services for m 7/1/10 to 6/30/12 Human Resources requirements?	inors in a group C			ča
Approved: X	EL: (Must approve all contracts  Disapproved:  Disapproved:  S 3-03	and MOU's) Date: 3/1 Date: 4/3	/11 22/11	By: By: By: PA	Duellandella
	TO RISK MANAGEMENT. THANKS!  ENT: (All contracts and MOU's e  Disapproved:  Disapproved:	except boilerpla Date:	te grant	funding agree By: By:	ements
OTHER APPROV Departments: Approved: Approved:	AL: (Specify department(s) part  Disapproved: Disapproved:	icipating or dire Date: Date:	ctly affe	cted by this c By: By:	ontract).
	Program Mgr/Date		Finan	(rel Ce/Date	2/11/11