Contract #:	
Index Code:	

## **CONTRACT ROUTING SHEET**

Date Prepared:	4/1/14	Need Dat	e: _4/15/14
PROCESSING D	EPARTMENT:	CONTRA	CTOR:
Department:	HHSA/Admin.	Name:	Department of Health Care Services (DHCS)
Dept. Contact:	Kristin Brinks	Address:	1501 Capitol Ave.
Phone #:	530-295-6931		Sacramento, CA 95814
Department Head Signature:	9-CD	Phone:	
	Don Ashton, M.P.A., Director		
CONTRACTING	DEPARTMENT: HHSA/Admin.		
Service Requeste	ed: In order to accept the grant for be subcontracted to the Comm signature on the attached allow	nunity Health	Center, DHCS is requiring
ContractTerm: 🖸			/Grant Value: \$100,000 👳
Compliance with I Compliance verifi	Human Resources requirements? ed by:		
Section 2	SEL: (Must approve all contracts a		- Oldin Co
Approved: X		Date: 4/19/	
Approved:	Disapproved:	Date:	By:
DISK MANAGEM	PLEASE FORWARD TO RISK MIENT: (All contracts and MOU's ex		
Approved:	`	Date: 4/16	
Approved:	The state of the s	Date:	By:
	nothin foe Risk		
NOTE: Any contract electronic information related, especially the	n, the acquisition of software or compute ose that involve computers and telecomr pplies to any other contract that requires a	n, implementationer related items, musications, mus	n, storing, retrieving, transfer, or sending of or any other service/item that may be list be approved by IT before submission to
Approved:		Date:	By:
Approved:	Disapproved:	Date:	By:
Please	contact (NAME + EXT) with guestions	or for contract p	packet pick-up. Thank you!