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	CONTRACT R			
Date Prepared:	() 7 - 0(6 - 20 15 June-26,-2015	Need Date:	07-13-2	015
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: HHSA/Mental Health Zhana Mc Cullough Ext. 7154 Don Ashton, M.P.A., Director	Address: 150	<b>R:</b> Dept. of Health D Capitol Avenu ramento, CA 95	e
Contract Term: _ Compliance with	DEPARTMENT: <u>HHSA/Ment</u> ed: <u>Funding mental health sen</u> 07/01/2015 – 06/30/2016 Human Resources requirement ied by: <u>Incoming funding</u>	vices Contract/Grar	nt Value: _\$224, Yes	908 No:
COUNTY COUN Approved: Approved:	SEL: (Must approve all contrac Disapproved: Disapproved:	ts and MOU's) Date: 44/11/5 Date:	Ву: Ву:	2015 JUL -6 AMIT: 33
Approved:	PLEASE FORWARD TO RIS IENT: (All contracts and MOU's Disapproved:	s except boilerplate gra Date:	ant funding agre	ements)
Approved:	Disapproved: <i>nothing-for</i>	Date:	By:	
NOTE: Any contract electronic informatio related, especially th	/AL: (Specify department(s) patt that involves the development, install n, the acquisition of software or compose that involve computers and telecapplies to any other contract that requipapplies to any	lation, implementation, stor nputer related items, or an communications, must be a res approval from another o	ing, retrieving, trans y other service/iter approved by IT bef	sfer, or sending of n that may be IT
Please CFOReview	Contact (NAME + EXT) with question	Deputy Director, Administ		<b>6</b> 726/05 Date
Rev. 12/2000 (GS-GVP)	@ 6/26/15 pane 6/30/15		14-1516 2/	A 1 of 1