Contract #: 006-F1511

Index Code: 418720

CONTRACT ROUTING SHEET

Date Prepared:		Need Dat	e:		
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature: CONTRACTING I Service Requeste Contract Term: 7	HHSA/Mental Health Kathryn Lang X7147 Don Ashton, M.P.A., Director DEPARTMENT: HHSA/Mental H d: MOU to provide MH services 7/1/14 through 6/30/16 Human Resources requirements?	CONTRA Name: Address: Phone: Health to minors iden Contract	CTOR: EDC Office 6767 Greer Placerville, tified by SEL	CA 95667 PA as needi	d
	SEL: (Must approve all contracts a	and MOU's) Date: 3/11 Date:	/14	Ву:РД Да Ву:	ng_
RISK MANAGEM Approved: Approved:			te grant fund	ling agreente By:	EL DOR ADD COUNTY COUNSI
NOTE: Any contract electronic information related, especially the	TAL: (Specify department(s) partice that involves the development, installation, the acquisition of software or compute ose that involve computers and telecompose to any other contract that requires Disapproved:	on, implementation fer related items, munications, mus	n, storing, retrie or any other s st be approved other departme	eving, transfer, service/item that by IT before	or sending o
Approved:	Disapproved:	Date:		By:	
Contracts Supe Review/D	Date Program Mgr. Review/Date	Contracts Mgr. Re	view/Date (2)	Makeview Bate	12/14

Rev. 12/2000 (GS-GVP)