		Cont	ract #: 013-81711
		Index	Code: 419500
Resubmittee	CONTRACT R	OUTING	SHEET
Date Prepared:	3/3/16	Need Date:	
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: HHSA/Mental Health Div. Kathryn Lang X7147 Don Ashton, M.P.A., Director	Address:	TOR: New Morning Youth & Family 5765 Green Valley Rd Placerville, CA 95667
Contract Term: Compliance with	ed: MHSA-PEI Latino Outreac	Contract/0 s? N/A	Grant Value: _\$288,000 Yes _x No:
Approved: Approved: X Conhaet ! topics - ne Sections on Section .	SEL: (Must approve all contract Disapproved: X Disapproved: X EXHIBIT CONTAIN INCONST Eds to be revised (AVT) PUL/DET[IN EXT A/B OUCH COMSEL. 4-7-16.	Date: <u>3/22</u> Date: <u>4/12</u> Slent As abou III, XII, XX) Exh B Mas	He By: DI HADAA + He same subst 3 Also AAI V3 3ra pot'lly mens termin
Approved:	PLEASE FORWARD TO RISI IENT: (All contracts and MOU's Disapproved: Disapproved:	except boilerplate	
NOTE: Any contract electronic information related, especially th	n, the acquisition of software or com	ation, implementation, puter related items, or ommunications, must l	storing, retrieving, transfer, or sending of r any other service/item that may be IT be approved by IT before submission to

Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	Ву:

<u> 3/3/16</u> Date <u>3/1/16</u> s Date Deputy Director, Administration and Contracts O Review