

Contract #: 139-S0711

CONTRACT ROUTING SHEET

7 25 06 Need Date: Mid by 7/31 for 1301 Date Prepared: PROCESSING DEPARTMENT: The Gates Recovery Foundation CAO/Proc. & Contracts Name: Department: Address: PO Box 161237 Pam Carlone Dept. Contact: Sacramento, CA 95816 Phone #: 5833 Phone: 530-622-9500 Department Head Signature: **CONTRACTING DEPARTMENT:** Mental Health Service Requested: Transitional Housing & Related Services & Support Contract Term: 2 years Contract Value: \$592,920.00 Compliance with Human Resources requirements? Yes: Compliance verified by: COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: 7-17-56 By: Calking Approved: Disapproved: Date: By: PLEASE FORWARD TO RISK MANAGEMENT. THANKS! RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Date: 1/28/06 By: Approved: Disapproved: Date: OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). Departments: Disapproved: By: _____ Approved: Date: Approved: Disapproved: Date: By:

Rev. 12/2000 (GS-GVP)