Contract #: /04- S/5// Index Code: 419500

CONTRACT ROUTING SHEET

Date Prepared:	6/25/14	Need Date	e: 7/38/14	
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:	HHSA/Mental Health	CONTRAC Name: Address: Phone:		et
Service Requester Contract Term: E Compliance with F	DEPARTMENT: HHSA/Mental H d: Senior Peer Counselling Execution-6/30/2017 Human Resources requirements? ed by: HR approved 6/23/14		/Grant Value: _\$ Yes _x	135,000 No:
Approved: Approved:		nd MOU's) Date: 7/15/14 Date:	By: (By: _	PSON ADDO
RISK MANAGEN Approved:				AUGUNA B
NOTE: Any contract electronic information related, especially the		n, implementation er related items, nunications, mus	n, storing, retrieving, or any other servic it be approved by I	, transfer, or sending of ce/item that may be IT
Please Quille Please	contact (NAME + EXT) with questions 7/11/14 Date	or for contract p		ank you! 7///// Date