Contract #: 470-S1511A1

Index Code: 419500

## CONTRACT ROUTING SHEET

Date Prepared:	02/28/17 3.8.17	Need Date:	<del>-03/44/2017</del>
PROCESSING D	EPARTMENT:	CONTRACT	
Department:	HHSA/MHD		ig Brothers Big Sisters of EDC
Dept. Contact:	Consie Mote		461 Robin Lane, Suite 2
Phone #:	X7718		ameron Park, CA 95682
Department			30-626-1222
Head Signature:	Patricia Charles Heathers, Director		
CONTRACTING	DEPARTMENT: HHSA/Me	ental Health Division	
Service Requeste	ed: Mentoring for 3-5 year 0 early intervention in Sou		er Adults for prevention and
Contract Term:	9 <del>7/01</del> /15 through 6-30-18	Contract/G	rant Value: (adding\$25K) \$100,000.00
	Human Resources requirement ed by: <u>Misty Garcia approv</u>		Yes x No:
	SEL: (Must approve all contr		
Approved: 📈		Date: <u>3/8/ 7</u>	By: (PO)
Approved:	Disapproved:	Date:	By: 子(g) 上
			<del>第8</del>
			LO P
	PLEASE FORWARD TO E	RISK MANAGEMENT. TH	다 원 ANK YOU! 가 원
	ENT: (All contracts and MO	U's except boilesplate	
Approved: 🗸	Disapproved:	Date: <u></u>	By By
Approved:	Disapproved:	Date:	Bý:
		Pi	43:59 HR/RM MAR 13'17
OTHER ARREOV	Al. (Specify department(s)	portionating or directly	offseted by this contract)
NOTE: Any contract electronic information elated, especially the	, the acquisition of software or c	stallation, implementation, stallation, implementation, stallation, or elecommunications, must be	toring, retrieving, transfer, or sending any other service/item that may be approved by IT before submission
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
✓ Please cor	ntact Consie Mote x7118 with qu	uestions or for contract pa	acket pick-up. Thank you!
Koulald	3/10/17		3/1/12
FO Review	P. 31 1 TA Date	Program Manager II, Ac	Iministration and Contracts Date 15-0101 2A 1 of 1
	(Y, 5) (1) (Y)		10 0101 411 101 1

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