Index Code:

Deputy Director, Administration and Contracts

17-0105 A 1 of 2

Contract #: TBD 404- |- | 7/| ndex Code: 403410 and 403430

ym

CONTRACT ROUTING SHEET 1 of 2

Date Prepared:	1/12/17 *	Need Dat	e: AsAP for 2/7/17 B
PROCESSING D	EPARTMENT:	CONTRA	CTOR:
Department:	HHSA/Public Health	Name:	CA Dept of Health Care Services
Dept. Contact:	Heather Longo	Address:	1501 Capitol Ave, MS 4504,
			Sacramento, CA 95899-7436
Phone #:	X7373		(Mailing: PO Box 997436,
			Sacramento, CA 95899-7436)
	Patricia Charles-Heathers, Ph.D. Director DEPARTMENT: HHSA/Public H		916-552-9113
	ed: Medi-Cal County Inmate Prog		
Contract Term:			/Grant Value: \$TBD ==
			W Yes X No: 5
	Human Resources requirements?	13// 1 /// 11/	<u> </u>
Compliance verificounty COUNTY COUNTY	Human Resources requirements? led by: NA_Revenue agreemer SEL: (Must approve all contracts a	it He appen	by: P) S By: P)
Compliance verificounty COUNTY COUNTY	SEL: (Must approve all contracts a Disapproved:	and MOU's) Date: 1/19/	17 By: P) 8
Compliance verificounty County	PLEASE FORWARD TO RISK MENT: (All contracts and MOU's e	and MOU's) Date: 1/19/ Date: MANAGEMENT.	By: Py 9 8 By: By: THANK YOU! te grant funding agreements)
Compliance verificounty County County County County County County Approved: Approved: RISK MANAGEN Approved:	PLEASE FORWARD TO RISK MENT: (All contracts and MOU's experied by: NA Revenue agreemer agree	and MOU's) Date: ///q/ Date: MANAGEMENT. * ** ** ** ** ** ** ** ** **	By: By: By: THANK YOU! te grant funding agreements) By:
Compliance verificounty County County County County County County Approved: Approved: RISK MANAGEN Approved:	PLEASE FORWARD TO RISK MENT: (All contracts and MOU's e	and MOU's) Date: 1/19/ Date: MANAGEMENT.	By: Py 9 8 By: By: THANK YOU! te grant funding agreements)
COUNTY COUNSAPPROVED THER APPROVED THER APPROVED THER APPROVED THE APP	PLEASE FORWARD TO RISK MENT: (All contracts and MOU's endisapproved: Disapproved: That involves the development, installation, the acquisition of software or comput ose that involve computers and telecomplies to any other contract that requires information Technologies routed se	ANAGEMENT. Date: Date	By:
COUNTY COUNSApproved: Approved:	PLEASE FORWARD TO RISK MENT: (All contracts and MOU's experience) Please Forward To Risk Mou's experience Please Forward To Risk Mou's experience Disapproved:	and MOU's) Date: MANAGEMENT. Except boilerplate Date: Date: Date: Cipating or direct on, implementation er related items, munications, mus approval from and	By:

Date

Index Code:

Deputy Director, Administration and Contracts

Date

17-0105 A 2 of 2

Contract #: TBD 404- F1711 Hw ndex Code: 403410 and 403430

CONTRACT ROUTING SHEET 2 of 2

Date Prepared:	1/12/17	Need Da	te:
PROCESSING D	DEPARTMENT:	CONTRA	CTOR:
Department:	_HHSA/Public Health	Name:	CA Dept of Health Care Services
Dept. Contact:	Heather Longo	Address:	1501 Capitol Ave, MS 4504, Sacramento, CA 95899-7436
Phone #:	X7373		(Mailing: PO Box 997436, Sacramento, CA 95899-7436)
Department		Phone:	916-552-9113
Head Signature:	Patricia Charles-Heathers, Ph.D., Director		
CONTRACTING	DEPARTMENT: HHSA/Public He	ealth	
	ed: Medi-Cal County Inmate Progr	am –	
Contract Term: _			t/Grant Value: <u>\$TBD</u>
Compliance with	Human Resources requirements?		
		HD ANNI	wed Misty Garage of
Compliance verif	ied by: NA_Revenue agreement	" - appr	
		1.	
COUNTY COUN	SEL: (Must approve all contracts a	1.	By:
COUNTY COUN Approved:	SEL: (Must approve all contracts a Disapproved:	nd MOU's)	By: By:
COUNTY COUNApproved: Approved: RISK MANAGEN Approved:	SEL: (Must approve all contracts a Disapproved: Disapproved: PLEASE FORWARD TO RISK MA MENT: (All contracts and MOU's ex Disapproved: []	nd MOU's) Date: Date:	THANK YOU!
COUNTY CO	PLEASE FORWARD TO RISK MATENT: (All contracts and MOU's ex Disapproved: That involves the development, installation in, the acquisition of software or compute	ANAGEMENT. Cept boilerpla Date: Date: pating or dire , implementation r related items,	THANK YOU! Ite grant funding agreements) By: By: By: Ctly affected by this contract). In, storing, retrieving, transfer, or sending or any other service/item that may be I
COUNTY COUN- Approved: Approved: Approved: Approved: Approved: Approved: Approved: Counter Approved: Appro	PLEASE FORWARD TO RISK MATENT: (All contracts and MOU's ex Disapproved: Disapproved: [Disapproved:	ANAGEMENT. Cept boilerpla Date: Date: Date: pating or dire , implementation r related items, unications, mus	THANK YOU! Ite grant funding agreements) By: By: By: ctly affected by this contract). In, storing, retrieving, transfer, or sending or any other service/item that may be I st be approved by IT before submission to
COUNTY CO	PLEASE FORWARD TO RISK MATENT: (All contracts and MOU's ex Disapproved: That involves the development, installation in, the acquisition of software or compute ose that involve computers and telecommupplies to any other contract that requires an information Technologies	ANAGEMENT. Cept boilerpla Date: Date: Date: pating or dire , implementation r related items, unications, mus	THANK YOU! Ite grant funding agreements) By: By: By: ctly affected by this contract). n, storing, retrieving, transfer, or sending or any other service/item that may be I'st be approved by IT before submission to
COUNTY COUN- Approved: Approved: Approved: Approved: Approved: Approved: Approved: Counter Approved: Appro	PLEASE FORWARD TO RISK MATENT: (All contracts and MOU's ex Disapproved:	ANAGEMENT. Cept boilerpla Date: Date	THANK YOU! Ite grant funding agreements) By: By: By: Ctly affected by this contract). In, storing, retrieving, transfer, or sending or any other service/item that may be I st be approved by IT before submission to other department.

Date