

Contract #: TBD 001-F1811 ^{thw}
Index Code: 403410 and 403430

CONTRACT ROUTING SHEET 1^e of 2

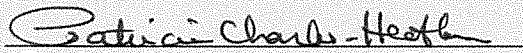
Date Prepared: 1/12/17

Need Date: ASAP for 2/7/17 BOS ^{thw}



PROCESSING DEPARTMENT:
Department: HHSA/Public Health
Dept. Contact: Heather Longo

CONTRACTOR:
Name: CA Dept of Health Care Services
Address: 1501 Capitol Ave, MS 4504,
Sacramento, CA 95899-7436
(Mailing: PO Box 997436,
Sacramento, CA 95899-7436)
Phone: 916-552-9113

Phone #: X7373

Department
Head Signature: 
Patricia Charles-Heathers, Ph.D.,
Director

CONTRACTING DEPARTMENT: HHSA/Public Health
Service Requested: Medi-Cal County Inmate Program -
Contract Term: 7/1/17-6/30/18 Contract/Grant Value: \$TBD
Compliance with Human Resources requirements? N/A ^{thw} Yes No:
Compliance verified by: NA - Revenue agreement - HR approved - Misty Garcia ^{thw}

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: Date: 1/19/17 By: 
Approved: Disapproved: Date: _____ By: _____


PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

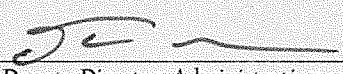
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

Departments: Information Technologies routed separately
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please contact Heather Longo x7373 with questions or for contract packet pick-up. Thank you!

 1/12/17
CFO Review Date

 1/12/17
Deputy Director, Administration and Contracts Date

Contract #: TBD 001-F1811 (tw)
Index Code: 403410 and 403430

CONTRACT ROUTING SHEET 2 of 2

Date Prepared: 1/12/17

Need Date: _____

PROCESSING DEPARTMENT:

Department: HHSA/Public Health
Dept. Contact: Heather Longo

Phone #: X7373

Department
Head Signature: Patricia Charles-Heath
Patricia Charles-Heathers, Ph.D.,
Director

CONTRACTOR:

Name: CA Dept of Health Care Services
Address: 1501 Capitol Ave, MS 4504,
Sacramento, CA 95899-7436
(Mailing: PO Box 997436,
Sacramento, CA 95899-7436)
Phone: 916-552-9113

CONTRACTING DEPARTMENT: HHSA/Public Health

Se vice Requested: Medi-Cal County Inmate Program -

Contract Term: 7/1/17-6/30/18 Contract/Grant Value: \$TBD

Compliance with Human Resources requirements? N/A Yes No: _____

Compliance verified by: NA Revenue agreement HR approved - Misty Garcia tw

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

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Departments: Information Technologies

Approved: Disapproved: _____ Date: 1/19/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please contact Heather Longo x7373 with questions or for contract packet pick-up. Thank you!

[Signature] 1/12/17
CFO Review Date

[Signature] 1/12/17
Deputy Director, Administration and Contracts Date