	CONTRACT RO	UTING	i Sh	IEET	
Date Prepared:	4/12/17 To Counsel 4/17/17 How	Need Dat	te: 4	128/17 1tw	
PROCESSING D	EPARTMENT:	CONTRA	CTOR:		
Department:	HHSA	Name:		t Children's Se	rvices
Dept. Contact:	Heather Longo	Address:		Auburn Blvd	
Phone #: Department	X7373	Phone:		Heights, CA 9 23-5444	15610
	Patricia Charles-Heathers, Ph.D., Director				
CONTRACTING Service Requeste	DEPARTMENT: HHSA ed: Therapeutic Counseling Services,	Guardianship	Naviga	tion and Suppor	t Services,
•	Psychosocial Assessments				
Contract Term:				Value: <u>\$200,</u>	
Compliance with	Human Resources requirements? ied by: _ HR _4ไเว <u>[เว_IMsty_Gaa</u>	N/A	Ye	es <u>x</u>	No:
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	SEL: (Must approve all contracts an		1	D. OM	DONADO
Approved: X		ate: <u>4/27</u> ate:	<u>الا</u>	By: (<i>}})</i> By:	and the second
	Disapproved D	ale.		Dy	<u></u>
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	PLEASE FORWARD TO RISK MA				
	IENT: (All contracts and MOU's exc	ept boilerpla	te grant	t funding agree	ments)
Approved: <u> </u>		ate: <u>7~</u> 2 ate:	017	By: <u>////</u> By:	
Approved:	Disapproved: D	ale.	-	Dy	
			AM11:5	0 HR/RM APR 2	7117
	/AL: (Specify department(s) particip	ating or dire	ctly affe	ected by this co	ontract).
OTHER APPROV	AL. (Opecity department(3) particip		n storing		n that may b
NOTE: Any contract electronic information related, especially th Counsel. This also a	that involves the development, installation, n, the acquisition of software or computer ose that involve computers and telecommu pplies to any other contract that requires ap	related items, unications, mus	or any o t be app	proved by IT befo	
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