Contract #:

419 100m

265-M1611

## **CONTRACT ROUTING SHEET**

Date Prepared:	11/4/15	Need Dat	e: "16/15 t	tw
PROCESSING D	EPARTMENT:	CONTRA	CTOR:	
Department:	HHSA/Mental Health	Name:	California Depart	ment of State
•			Hospitals	_
Dept. Contact:	Heather Longo	Address:	1600 9 <sup>th</sup> Street, F	Room 101
Phone #:	X7373		Sacramento, CA	95814
Department		Phone:	916-651-1020	
Head Signature:	300			
	Don Ashton, M.P.A., Direct	or .		
CONTRACTING	DEPARTMENT: HHSA/Me	ental Health		
	ed: State Hospital Bed usag			
	July 1, 2014-June 30, 2016		t/Grant Value: va	ries
	Human Resources requireme		Yes x	No:
	ed by: HR - pending		Ilis Mila Strelle	1- HW
COUNTY COUNS	SEL: (Must approve all contr	racts and MOU's)		
Approved: ×	Disapproved:	Date: (0/t/	<i>i</i> < By. <i>y</i> 0	tall _
Approved:	Disapproved:	Date:	By:	
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	PLEASE FORWARD TO I			i i
	IENT: (All contracts and MO			reements)
Approved:	Disapproved:	Date://	DI 15 By: (	44
Approved:	Disapproved:	Date:	By: _ <i>_</i>	2 X
	- nothing for 6	<u> 200</u>		
OTHER APPROV	/AL: (Specify department(s)	narticinating or dire	ctly affected by this	contract)
NOTE: Any contract	that involves the development, ins	stallation implementation	n storing retrieving to	ansfer or sending o
	n, the acquisition of software or o			
related, especially th	ose that involve computers and te	elecommunications, mu	st be approved by IT	
	pplies to any other contract that re	quires approval from an	other department.	COLD COLD COLD COLD COLD COLD COLD COLD
Departments:				}
Approved:	Disapproved:	Date:	By:	Name 1
Approved:	Disapproved:	Date:	By:	T. J. Maria Lan Maria Comp.
				<u> </u>
				property of the second
Please cor	tact Heather Longo x7373 with	questions or for contra	act packet pick-up. T	hank you!
A. 1/2/1/1	1) / hlatiz			111111
CFO Review	Date	Deputy Director A	dministration and Contrac	ts Date