



CONTRACT AMENDMENT ROUTING SHEET

Date Prepared:	06-27-2018	Need Date:	
PROCESSING DEPARTMENT:		CONTRACT	To meet deadline for 07-24-2018 BOS Agenda.
Department: Dept. Contact:		Name:	CA Dept. of Health Care Services
	Zhana Mc Cullough	Address:	1601 Capitol Avenue, Suite 71.2048
Phone:	X 7154		Sacramento, CA 95899
Department Head Signature:		Phone:	
	Patricia Charles-Heathers,	Org Code:	5320
	PH.D., MPA, Director	-	
	DEPARTMENT: Health and Hum		
Service Requeste	d: Review retroactive A1 that will		
O	#12-89361 for the mental heal		
Contract Term: _	05/01/2013 – 06/30/2017 C	ontract Value:	\$8,113,337
COUNTY COUNS	SEL: (must approve all contracts a	nd MOU's)	
Approved:	Disapproved:		
Approved:	Disapproved: [Date:	By: 2
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	COUNSEL PLEASE FORWARD TO H	DIDIEK MANACE	F 2
	COUNSEL FLEASE FORWARD TO HE	KISK WANAGE	MENT THANKS!
HR APPROVAL:		126.9	
	Human Resources requirements?	Yes: _	No:
Compliance verifie	ed by:		
	ENT APPROVAL: (all contracts &		boilerplate grant funding contracts)
Approved:		Date: 1/3/18	By:
Approved:	Disapproved: [Date:	By:
	-		
OTHER APPROV	AL: (Specify department(s) partici	pating or direct	v affected by this contract).
Departments:	(-p, aspanantino) parties		,
Approved:	Disapproved: [Date:	By:
Approved:		Date:	By:
			1135 70E 110 / OR THE 9210