

| 18-9514| Org. Code: 18-95153 (ph autloy)

## CONTRACT ROUTING SHEET PROVIDED

Date Prepared: 05/25/10	Need Date: AGAP 04/30/10
PROCESSING DEPARTMENT: Department: Health & Human Svcs Agency	CONTRACTOR: Name: CA Dept. of Health Care Svcs
Dept. Contact: Ashley Wells	Address: 1500 Capitol Avenue, MS 2624
Phone #: x6906	Sacramento, CA 95814
Department	Phone: 916-713-8557
Head Signature:	<u></u>
Don Semon, Director	2019
CONTRACTING DEPARTMENT: Health and Human	
Service Requested: Funding for DMC-ODS Services.	
Contract Term: 06/01/19 – 06/30/21	Contract/Grant Value: \$26,929,563
Compliance with Human Resources requirements?	N/A Yes No:
Compliance verified by: N/A - Revenue	
COUNTY COUNSEL: (Must approve all contracts and	
	e: 3/29/19 By: 95 Trady =
Approved: Disapproved: Da	e: By:
PLEASE FORWARD TO RISK MAN	
RISK MANAGEMENT: (All contracts and MOU's exce	
	e: 3/29/19 By: 2
Approved: Disapproved: Date	e:BX:
OTHER APPROVAL: (Specify department(s) participa	ting or directly affected by this contract)
NOTE: Any contract that involves the development, installation, in	polementation, storing, retrieving, transfer, or sending of
electronic information, the acquisition of software or computer re-	elated items, or any other service/item that may be IT
related, especially those that involve computers and telecommun	ications, must be approved by IT before submission to
Counsel. This also applies to any other contract that requires appl	oval from another department.
Departments:  Approved: Disapproved: Date    Departments: Disapproved: Date    Disapproved: Date    Departments: Disapproved: Date    Departments: Disapproved: Date    Departments: Date    Departme	e: By:
Approved: Disapproved: Date	e by
PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UPTHANKS!	
TELAGE EMAIL MICA CONTRACTOR	
Chief Fiscal Officer Date Dep	outy Director, Administration and Contracts  Date
17-3.21.19	
A/P of A/R Mgr Approval: 13/19/19 Con	tracts ASO Approval: P 7 adf 19
Rev. 12/2000 (GS-GVP)	