Internal Contract No: Purchasing Contract No:

157-MHD0709 549-M0910

413210

Index Code:

CONTRACT ROUTING SHEET

| Date Prepared: | August 18, 2009 | Need Date | 9/2/09 |
|-------------------|----------------------------------|---------------------|-------------------------------|
| PROCESSING D | EPARTMENT: | CONTRAC | TOR: |
| Department: | Health Svcs Dept – MH Div. | | Black Oak Mine Unified School |
| | | | District ~ 5 |
| Dept. Contact: | Thomas Michaelson | Address: _ | P.O. Box 4510 |
| Phone #: | 6203 | | Georgetown, CA 95634 ≥ 5 |
| Department | $A \cap O =$ | Phone: | 530-333-8300 |
| Head Signature: | Maawax | | 530-333-8300 |
| | Neda West, Director | | |
| CONTRACTING | DEDARTMENT. LIE WE O COLOR | as Described on the | |
| | DEPARTMENT: Health Service | | Mental Health Division |
| | ed: Collaboration in case manag | | |
| Contract Term: | | | ntract Value: \$8,000.00 |
| • | Human Resources requirements? | Yes _ | No: |
| Compliance verifi | ed by: N/A | | |
| COUNTY COUNS | SEL: (Must approve all contracts | and MOLPs) | |
| Approved: | Disapproved: | Date: \$ | 28-05 By: Allan, By: |
| Approved: | Disapproved: | Date: | Dy |
| Apploved. | Disappioved. | Date. | Бу |
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| PLEASE FORWARI | O TO RISK MANAGEMENT. THANKS! | | 27 |
| | IENT: (All contracts and MOU's | except boilerplate | grant funding agreements) |
| Approved: | Disapproved: | Date: 9/ | 1/09 By: 11/5 |
| Approved: | Disapproved: | Date: | By: |
| | | | |
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| OTHER APPROV | /AL: (Specify department(s) part | icinating or direct | ly affected by this contract) |
| Departments: | (oposity coparationity) part | ispaning or anout | is another by the contracts. |
| Approved: | Disapproved: | Date: | Ву: |
| Approved: | Disapproved: | Date: | |
| Approved. | Disappioved. | Date. | By: |
| - | | | |