Internal Contract No: Purchasing Contract No:

053-169-M-E2010 020-S1111

10-0661.A.1

419200

Index Code:

## **CONTRACT ROUTING SHEET**

Date Prepared:	May 17, 2010	Need Date	e: RUS	H	· 	
PROCESSING D	EPARTMENT:	CONTRA	CTOR:			
Department:	Health Svcs Dept – MH Div.	Name:	Family Col	nnections E	∃l Dorad	o,
Dept. Contact:	Thomas Michaelson	Address:	344 Placei			0
Phone #:	6203		Placerville	CA 95667	7	
Department Head Signature:	Malley Neda West, Director	Phone:	530-626-5	164		<u> </u>
	DEPARTMENT: Health Servi		- Mental He	alth Divisio	<u>in</u>	
Contract Term:	ed: MHSA Latino program on V		introot Valu	- ¢440-0	<del></del>	1-216
	Human Resources requirements	_	ontract Valu	No:	<del>00.00</del> Q	<u>107,</u> 40 
COUNTY COUNS	SEL: (Must approve all contract Disapproved:		1-0-10	By: Gy	lant	
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RISK MANAGEN	IENT: (All contracts and MOU's				nents	
Approved:	Disapproved:	_ Date: <i></i> _	10/10	By:	<u> </u>	
Approved:	Disapproved:	_ Date:		By:		- 1
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OTHER APPRO\ Departments:	/AL: (Specify department(s) pa	rticipating or direc	ctly affected	by this co	ntract).	Dep
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Approved:	Disapproved:	Date:		By:		
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	Program, Mgr/Date  For Clan's Kondo	Finance/Dat	e /			
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Rev. 12/2000 (GS-GVP)