Internal Contract No：
Purchasing Contract No： Index Code：

# CONTRACT ROUTING SHEET 

Date Prepared：
Aptiven，2040
PROCESSING DEPARTMENT：
Department：
Dept．Contact：
Phone \＃：
Department
Head Signature：

Need Date：
㔀据：
CONTRACTOR：
Name：Crossroads Diversified Services， Inc．
Address： 9300 Tech Center Drive，\＃100 Sacramento，CA 95826
Phone：916－568－5230

CONTRACTING DEPARTMENT：Health Services Department－Mental Health Division
Service Requested：Employment training and job development for Mental Health Division clients

Contract Term：7／1／10 to 6／30／11
Compliance with Human Resources requirements？
Yes
Contract Value：\＄99，800

Compliance verified by：
Chris Little
COUNTY COUNSEL：（Must approve all contracts and MOU＇s）
Approved：
Approved：
 Disapproved： Disapproved： $\qquad$ Date： $\qquad$ By：$\frac{\operatorname{Cac} / \operatorname{tin}_{2}}{2}$ No： $\qquad$ $\square$ Date： －－

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| 0 | $\%$ |

PLEASE FORWARD TO RISK MANAGEMENT．THANKS！
RISK MANAGEMENT：（All contracts and MOU＇s except boilerplate grant funding agreemes开）
Approved：
Approved：
 Disapproved：


Date：


By：


OTHER APPROVAL：（Specify department（s）participating or directly affected by this contract）：－
Departments：


Date：


## By：

Date：$\quad$ By：
$\qquad$


