



County of San Bernardino

F A S

CONTRACT TRANSMITTAL

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New	Vendor Code		SC	Dept. MLH	A	Contract Number	
<input type="checkbox"/> Change							
<input type="checkbox"/> Cancel							
County Department			Dept.	Orgn.	Contractor's License No.		
Behavioral Health			MLH	MLH			
County Department Contract Representative			Telephone		Total Contract Amount		
Natalie Davis-Gunn			(909) 387-7589		\$557,746		
Contract Type							
<input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:							
If not encumbered or revenue contract type, provide reason: _____							
Commodity Code		Contract Start Date	Contract End Date	Original Amount	Amendment Amount		
		Jan 1, 2005	June 30, 2005		\$557,746		
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
Project Name			Estimated Payment Total by Fiscal Year				
Proposition 63			FY	Amount	I/D	FY	Amount
Mental Health Services Act			04/05	\$557,746	___	___	___
_____			_____	_____	_____	_____	_____
_____			_____	_____	_____	_____	_____

CONTRACTOR CALIFORNIA DEPARTMENT OF MENTAL HEALTH

Federal ID No. or Social Security No. _____

Contractor's Representative Lynette Kral, County Operations Section

Address 1600 9th Street Room 100, Sacramento CA 95814

Phone (916) 654-2526

Nature of Contract: *(Briefly describe the general terms of the contract)*

This is a funding application to the State Department of Mental Health for Proposition 63 Mental Health Services Act (MHSA) Program Planning Funds in the amount of Five Hundred Fifty Seven Thousand Seven Hundred Forty Six Dollars (\$557,746) to be implemented during the period January 1, 2005 through June 30, 2005.

THIS IS NOT A CONTRACT
THIS IS A COVER
TRANSMITTAL ONLY

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink)

County Counsel

Reviewed as to Contract Compliance

Department Head

Presented to BOS for Signature

Department Head

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Date _____

Date _____

Date _____

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database <input type="checkbox"/> FAS	
Input Date	Keyed By