

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECTS

START-UP FUNDS REQUEST

DMH INVOICE NO. (DMH Use Only) _____	INVOICE DATE: _____	CONTRACTOR INVOICE NO. _____
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INVOICE PERIOD: <p align="center"><u>Fiscal Year</u></p> Monthly <input type="checkbox"/> Month/Date _____ Quarterly <input type="checkbox"/> Jan.-Mar. _____ <input type="checkbox"/> Apr.-Jun. _____ <input type="checkbox"/> Jul.-Sept. _____ <input type="checkbox"/> Oct.-Dec. _____	PROJECT NAME: _____ Project ID No. _____ Contract No. _____ Legal Entity No. _____ Final Invoice <input type="checkbox"/> (check if final)
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**Not Applicable
for
Request for Start-Up
Funds.**

SUBMIT TO: County of Los Angeles Department of Mental Health Chief Information Office Bureau 695 S. Vermont Avenue, 7 th Floor Los Angeles, CA 90005 Attn: Gordon Bunch, MA	CONTRACTOR REMITTANCE INFORMATION: Name: _____ Address: _____ City, State, ZIP: _____ Phone: _____ Email: _____ Contractor's Project Director: _____
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1. Description of work performed during the invoice period.

2. **Invoice Amount by Budget Category:**

• Personnel	N/A	• Contract Services	N/A
• Hardware	N/A	• Other Expenses	N/A
• Software	N/A	• Start-up Costs	_____

3. **Total Invoice Amount:** _____
4. Cumulative Amount Invoiced to Date: _____
5. Projected Remaining MHSA Project Costs: _____

Contractor's Project Director **Signature:** _____ **Date:** _____

DMH USE ONLY

County's Project Manager **Signature:** _____ **Date:** _____

County's Project Director **Signature:** _____ **Date:** _____

APPROVED **DENIED** If denied, state reason: _____

IMPORTANT: Start-Up Funds Request must be submitted in hard copy (paper) format only, including the original signature of the Contractor's Project Director.