

Agreement # MOU

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 02/10/2023

Need Date: 02/17/2023

PROCESSING DEPARTMENT:

Department: SHERIFF
Dept. Contact: Tania Donnelly
Phone: x6636
Department Head Signature: Monica Ferguson
Digitally signed by Monica Ferguson
Date: 2023.02.10 09:53:01 -08'00'

CONTRACTOR:

Name: BAA HIPA AND MOU WITH WELLPATH
Address: _____
Phone: _____
Org Code: 2430
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: SHERIFF

Service Requested: REVIEW MOU FOR EASS (EARLY ACCESS AND STABILIZATION SERVICES) FOR CORRECTIONAL FACILITIES

Description: MOU REVIEW FOR EASS

Contract Term: WHEN SIGNED - 3 YEARS Contract Value: \$ 0.00

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 02/15/2023 By: Stephen Mansell
Digitally signed by Stephen Mansell
Date: 2023.02.15 18:25:04 -08'00'
Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP cao-contracts-newrequests@edcgov.us Thank you!