

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/09/2021

Need Date: 07/23/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: CalMHSA

Dept. Contact: Zhana Mc Cullough

Address: P. O. Box 22967

Phone: X 7154

Sacramento, CA 95822

Department Head Signature: Nita Wracker

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.07.12 16:09:53 -07'00'

Phone: _____

MBA CPA

Org Code: 5310

Nitra Wracker, Agency Chief Fiscal Officer

Project # _____

Health and Human Services Agency

(if applicable): _____

Funding Source: MHSA

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review participation agreement.

Description: CalMHSA to use funds from participating members to direct Statewide prevention and early intervention project campaigns, etc.

Contract Term: 07/01/2021 - 06/30/2022 Contract Value: \$ 58,252.80

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

Approved: Disapproved: Date: 07/21/2021 By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2021.07.21 14:57:46
-07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW