

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 01/31/2022

Need Date: 01/08/2022

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Daniel DelMonte
Digitally signed by Daniel DelMonte
Date: 2022.01.31 17:14:41 -08'00'
Daniel Del Monte, MPA
Chief Assistant Director, HHSA

CONTRACTOR:

Name: Compassion Pathway Behavioral Health
Address: 1085 Sandringham Way
Roseville, CA 95661
Phone: _____
Org Code: 5310150
Project # _____
(if applicable): N/A
Funding Source: MHSA + Medi-Cal

CONTRACTING DEPARTMENT: HHSA - Behavioral Health

Service Requested: Review of Social Rehabilitation Facility Services

Description: Social Rehabilitation Facility Services

Contract Term: Upon execution - 02/28/2025

Contract Value: ~~\$1,200,000.00~~ **\$3,120,000**

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

Approved: Disapproved: Date: 02/04/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.02.03 16:49:27 -11'00'
Approved: Disapproved: Date: 03/10/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.03.10 17:11:19 -08'00'

Resubmitted: 2/11/22 Need by date: 2/18/22

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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