

Agreement # N/A

Legistar # N/A

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/11/2023

Need Date: 09/18/2023

## PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Lisa Konyecsni

Phone: 295-6901

Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2023.09.11 10:00:47 -07'00'

Alisha Bryden  
Administrative Analyst Supervisor

## CONTRACTOR:

Name: Dept. of Health Care Services

Address: PO Box 997413

Sacramento, CA 95899

Phone: \_\_\_\_\_

Org Code: \_\_\_\_\_

Project #  
(if applicable): \_\_\_\_\_

Funding Source: 5310100

CONTRACTING DEPARTMENT: HHSA - Behavioral Health

Service Requested: Legar review

Description: Terms and conditions for the Justice-Involved Planning and Capacity Building Program Application

Contract Term: TBD Contract Value: \$ 896,407.00

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

Approved:  Disapproved:  Date: 09/12/2023 By: Jefferson Billingsley  
Digitally signed by Jefferson Billingsley  
Date: 2023.09.12 07:49:18 -07'00'

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW