

Agreement # Reimb Agr.

Registrar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/29/2022

Need Date: 12/13/2022

PROCESSING DEPARTMENT:

Department: SHERIFF

Dept. Contact: Tania Donnelly/Monica Ferguson

Phone: 530-621-6636

Department Head Signature: Monica Ferguson
Digitally signed by Monica Ferguson
Date: 2022.11.29 13:38:39 -08'00'

CONTRACTOR:

Name: DEPT OF STATE HOSPITALS

Address: _____

Phone: _____

Org Code: 2430

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: SHERIFF'S OFFICE

Service Requested: REVIEW REVENUE AGREEMENT FOR TELEHEALTH EVAL SERVICES FOR INMATES

Description: Agreement to provide TELEHEALTH EVALS FOR DEFENDANTS

Contract Term: WHEN SIGNED - OPEN Contract Value: \$ 85,000.00

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

Approved: Disapproved: Date: 12/09/2022 By: Stephen Mansell
Digitally signed by Stephen Mansell
Date: 2022.12.09 10:22:53 -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!