

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 02/16/2022

Need Date: 03/03/2022

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Nita Wracker, CPA
Digitally signed by Nita Wracker, CPA
Date: 2022.02.16 15:30:37 -08'00'
Nita Wracker, MBA CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Advocates for Human Potential
Address: 490-B Boston Road
Sudbury, MA 01776-3365
Phone: (978) 443-0055
Org Code: 5310100, 5310150
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HSA - Behavioral Health

Service Requested: Review of Funding In Subcontract agreement

Description: Behavioral Health Mobile Crisis and Non-Crisis Services

Contract Term: 09/15/21 - 02/14/23 (retroactive) Contract Value: \$200,000

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

Approved: Disapproved: Date: 05/04/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.05.04 11:21:17 -07'00'
Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: N/A

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: 05/05/2022 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2022.05.05 17:36:13 -07'00'
Approved: Disapproved: Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____