

Contract #: 265-M1610 AMD II  
Org. Code: 5320 5310 5310

# CONTRACT ROUTING SHEET

Date Prepared: 8/30/19 9/1/19

Need Date: 9/18/19

### PROCESSING DEPARTMENT:

Department: Health & Human Svcs Agency  
Dept. Contact: Ashley Wells  
Phone #: x6906  
Department Head Signature: *Donald Semon*  
Donald Semon, Director

### CONTRACTOR:

Name: CA Dept of State Hospitals  
Address: 1600 Ninth Street, Room 150  
Sacramento, CA 95814  
Phone: 916-859-4818 (CalMHSA)  
(return to CalMHSA)

Auditor/Controller Notified  N/A - Under \$100k

RECEIVED  
CoCo  
SEP 03 2019  
BY: *KHO / sspw*

### CONTRACTING DEPARTMENT: HHSa - Behavioral Health

Service Requested: MOU with CDSH and CalMHSA to purchase State hospital beds.  
Contract Term: 07/01/14 - 06/30/20 (+ 1YR) Contract/Grant Value: Varies by Usage  
Compliance with Human Resources requirements? N/A  Yes  No  
Compliance verified by: Purchase of beds - Not bargaining unit work

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

Approved:  Disapproved:  Date: 9/4/19 By: *AWR*  
Approved:  Disapproved:  Date:  By:   
*Because this is effective retroactively, it needs to be approved by Hill Board of Supervisors.*

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!

### RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved:  Disapproved:  Date: 9/6/19 By: *Maryellen Peters*  
Approved:  Disapproved:  Date:  By:   
*Mutual Indemnification approved.*

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

NOTE: Any contract that involves the development, installation, implementation, storing, retrieving, transfer, or sending of electronic information, the acquisition of software or computer related items, or any other service/item that may be IT related, especially those that involve computers and telecommunications, must be approved by IT before submission to Counsel. This also applies to any other contract that requires approval from another department.

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

PLEASE EMAIL HHSa CONTRACTS@EDCGOV.US FOR PICK-UP... THANKS!

*Yvonne Hollings* 8/27/19  
Chief Fiscal Officer Date  
A/P or A/R Mgr Approval: *[Signature]* 8/25/19  
Initials/Date

*[Signature]* 8/29/19  
Deputy Director, Administration and Contracts Date  
Contracts ASO Approval: *[Signature]* 8/23/19  
Initials/Date



**Purchase Agreement Amendment of State Hospital Beds**

**Fiscal Year 2018-19 through Fiscal Year 2019-20**

**California Department of State Hospitals**

By signing this Memorandum of Understanding (MOU) Purchase Agreement Amendment, the Department of State Hospitals, County, and CalMHSA agree to amend the original FY 2014-15/FY 2015-16 MOU for the purchase of state hospital beds, that was extended through FY 2018-19 for one additional fiscal year through 2019-20.

Once this Amendment is signed by all parties contained in the original FY 2014-15/FY 2015-16 MOU, it shall become effective on July 1, 2019, and shall terminate on June 30, 2020.

\_\_\_\_\_  
Name of County

\_\_\_\_\_  
Name:  
County Mental Health Director or Director designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dawan Utecht  
CalMHSA President or CalMHSA designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dawn DiBartolo  
Department of State Hospitals,  
Chief of Acquisitions and Business Services Office

\_\_\_\_\_  
Date