

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 09/02/2022

Need Date: 09/14/2022

PROCESSING DEPARTMENT:

Department: HSA
Dept. Contact: Alisha Bryden
Phone: 707-688-7629
Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer
Date: 2022.09.02 10:37:50 -07'00'
Kimberly McAdams,
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Mental Health Services Oversight and Accountability Commission
Address: 1325 J Street, Suite 1700
Sacramento, CA 95814
Phone: 916-445-8696
Org Code: 5310
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HSA Behavioral Health

Service Requested: Funding Agreement Amendment 1 and Exhibits need Counsel Review

Description: Funding Agreement and Exhibits - extends Agreement term from June 30, 2026, to December 31, 2026 and increases funds by \$1,044,665

Contract Term: June 30, 2026 to December 31, 2026 Contract Value: \$5,044,655

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

Approved: Disapproved: Date: 09/13/2022 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2022.09.13 12:14:49 -07'00'

Notes for Counsel:

a) Funding Agreement AM 1 - The term date was extended from June 30, 2026, to December 31, 2026 and funding increased by \$1,044,665

HR APPROVAL:

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: _____ By: _____
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: _____