

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/23/2022

Need Date: 06/06/2022

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHS - Contracts

Name: CalMHSA

Dept. Contact: Ashley Wells

Address: 1610 Arden Way, Suite 175

Phone: x6906

Sacramento, CA 95815

Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer
Date: 2022.05.17 10:09:57 -07'00'

Phone: (888) 210-2515

Kimberly McAdams
Acting Agency Chief Fiscal Officer

Org Code: 5310100

Project #
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHS - Behavioral Health

Service Requested: Agreement for Services

Description: Behavioral Health Quality Improvement Program (BHQIP)

Contract Term: Execution - 06/30/24 Contract Value: \$ 383,420.00

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

Approved: Disapproved: Date: 05/24/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.05.24 19:15:44 -07'00'

Approved: Disapproved: Date: _____ By: _____

Approved as to legal form, but see comments on email accompanying this Blue Route.

Email from Paula on file. amw

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW