

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/13/2021

Need Date: 10/20/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHS

Name: Compassion Valley DBA Garfield Wellness & Recovery

Dept. Contact: Lisa Konyecsni

Address: 6110 Garfield Ave.

Phone: 295-6901

Sacramento, CA 95841

Department Head Signature: Nita Wracker, Digitally signed by Nita Wracker, CPA
Date: 2021.10.13 12:19:59 -07'00'

Phone: _____

CPA

Org Code: 5320

Nita Wracker, MPA CPA
Agency Chief Fiscal Officer

Project # _____

(if applicable): _____

Funding Source: Medi-Cal, Realignment, MHSA

CONTRACTING DEPARTMENT: HHS - Behavioral Health

Service Requested: Review of new social rehabilitation facility contract

Description: Social Rehabilitation Facility Services

Contract Term: Upon execution - 10/31/2024 Contract Value: \$ 1,134,000.00

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

Approved: Disapproved: Date: 10/18/2021 By: Paula Frantz Digitally signed by Paula Frantz
Date: 2021.10.18 14:54:06 -07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!