

# REVENUE, POLICY, ETC. ROUTING SHEET

**Date Prepared:** 02/16/2022

**Need Date:** 03/01/2022

**PROCESSING DEPARTMENT:**

**Department:** HSA Behavioral Health

**Dept. Contact:** Alisha Bryden

**Phone:** 707-688-7629

**Department Head Signature:** Nita Wracker, CPA Digitally signed by Nita Wracker, CPA  
Date: 2022.02.16 15:53:31  
-08'00'

Nita Wracker, MBA, CPA  
Agency Chief Fiscal Officer

**CONTRACTOR:**

**Name:** Mental Health Services Oversight and Accountability Commission (MHSOAC)

**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:** Review Terms and Conditions of Mental Health Student Services Act (MHSSA) Funding Agreement

**Description:** Grant Agreement awarded El Dorado County Behavioral Health by MHSOAC for

**Contract Term:** upon execution through June 30, 2026 **Contract Value:** \$4,000,000.00 (Four million dollars and no cents.)

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

Approved:  Disapproved:  Date: 02/22/2022 By: Paula Frantz Digitally signed by Paula Frantz  
Date: 2022.02.22 16:15:54 -11'00'

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

**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: \_\_\_\_\_

Funding in so Risk is N/A

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

Departments: \_\_\_\_\_

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_