

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/09/2023

Need Date: _____

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA

Name: CalMHSA

Dept. Contact: Khrista Ringnes

Address: 1601 Arden Way, Ste 175

Phone: x7118

Sacramento, CA 95815

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2023.10.10 15:28:42 -07'00'

Phone: _____

Alisha Bryden
Administrative Analyst Supervisor

Org Code: 5320

Project # _____

(if applicable): _____

Funding Source: Federal Funding and Realignment

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review and approve JPA Participation retroactive agreement.

Description: CalMHSA State Hospital Bed agreement

Contract Term: 7/1/2023 - 6/30/2025 Contract Value: \$ 2,804.00

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

Approved: Disapproved: Date: 10/11/2023 By: Jefferson Billingsley Digitally signed by Jefferson Billingsley
Date: 2023.10.11 08:33:43 -07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW