

Agreement # N/A

Legistar # 24-1247

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/25/2024

Need Date: 10/31/2024

## PROCESSING DEPARTMENT:

Department: Health and Human Services Agency

Dept. Contact: Brian Michaelson

Phone: X6922

Department Head Signature: Alisha Bryden  
Digitally signed by Alisha Bryden  
Date: 2024.09.25 13:39:46 -07'00'

Alisha Bryden  
Administrative Analyst Supervisor

## CONTRACTOR:

Name: N/A

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Org Code: 5310

Project #  
(if applicable): \_\_\_\_\_

Funding Source: \_\_\_\_\_

## CONTRACTING DEPARTMENT: HHSA- BH

Service Requested: Contract Funding Out Template for MHSA Services - Review

Description: Mental Health First Aid Funding Out Template

Contract Term: N/A Contract Value: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 11/22/2024 By: Nicole Wright  
Digitally signed by Nicole Wright  
Date: 2024.11.22 10:48:53 -08'00'

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

with edits as noted in email.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!