

Agreement # 8073

Legistar # 24-1566

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/01/2024

Need Date: 10/15/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Kristy Fackrell
Phone: x6919
Department Head Signature: Lisa Konyecsni
Digitally signed by Lisa Konyecsni
Date: 2024.09.30 16:47:23 -07'00'
Lisa Konyecsni
Sr. Administrative Analyst

CONTRACTOR:

Name: Willow Glen Care Center
Address: 1547 Plumas Court
Yuba City, CA 95991
Phone: 530-751-9940
Org Code: 5310100- BH Mental Health Traditional
Project #
(if applicable): _____
Funding Source: 95% State of California Behavioral Health Realignment and 5% Federal Medi-Cal

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Adult Residential Treatment Services

Contract Term: 1/1/2025-12/31/2028 with option to extend to 12/31/2029 Contract Value: \$ 4,200,000.00

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

Approved: ☒ Disapproved: ☐ Date: 10/18/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.10.18 15:16:32 -07'00'
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!