

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/01/2024

Need Date: 11/11/2024

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: 2024.10.01 14:58:31 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Compassion Pathway Behavioral Health LLC
Address: 5410 White Lotus Way
Elk Grove, CA 95757
Phone: _____
Org Code: 5310
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA BH

Service Requested: Legal review of contract

Description: Residential Facility

Contract Term: execution-6/30/26 Contract Value: \$ 4,350,000.00

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 14:42:19 -08'00'
Approved: Disapproved: Date: _____ By: _____

with comments 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!