

Agreement # 6374

Legistar # 22-0275

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/17/2022

Need Date: 11/01/2022

PROCESSING DEPARTMENT:

Department: HHSA- Contracts
Dept. Contact: Brian Michaelson
Phone: X 6922
Department Head Signature: Yvette Wencke
Digitally signed by Yvette Wencke
Date: 2022.10.18 10:15:01 -07'00'
Yvette Wencke
Administrative Analyst Supervisor

CONTRACTOR:

Name: CalMHSA
Address: 1215 O Street, Suite 670
Sacramento, CA 95814
Phone: _____
Org Code: 5310100
Project # _____
(if applicable): _____
Funding Source: State

CONTRACTING DEPARTMENT: HHSA- Behavioral Health

Service Requested: Review of tri-party agreement with CalMHSA and the CA Dept. of State Hospitals

Description: Purchase of State Hospital Beds for HHSA clients with acute mental health issues

Contract Term: 7/1/22-12/31/22 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 10/25/2022 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2022.10.25 12:44:45
-07'00'

Contract value varies - depends on usage, renewal of past agreement 6216

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW