

Agreement # 7637

Legistar # 23-1049

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/17/2023

Need Date: 05/29/2023

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Alisha Bryden
Phone: X 7317
Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2023.05.17 17:14:08 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: Black Oak Mine Unified School District
Address: 6540 Wentworth Springs Road
Georgetown, CA 95634
Phone: (530) 333-3213
Org Code: 5310
Project # _____
(if applicable): _____
Funding Source: Mental Health Services Act

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review Agreement 7637

Description: MHSA Primary Intervention Project (PIP) incorporates non-directive play for children grades Kindergarten through 3rd grade.

Contract Term: 7/1/23 to 6/30/23 + option to increase to 6/30/24 Contract Value: \$ 452,000.00

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

Approved: Disapproved: Date: 05/22/2023 By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk
Date: 2023.05.22 11:16:50 -07'00'
Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

Agreement # 7647

Legistar # 23-1049

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/17/2023

Need Date: 05/29/2023

PROCESSING DEPARTMENT:

Department: HHSA-Contracts

Dept. Contact: Alisha Bryden

Phone: x7617

Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2023.05.17 17:03:40 -07'00'

Kristen Gurrola
Program Manager

CONTRACTOR:

Name: Pioneer Union School District

Address: 6862 Mt. Aukum Rd.

Somerset, CA 95684

Phone: _____

Org Code: 5310

Project #
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA- Behavioral Health

Service Requested: Contract review

Description: MHSA Primary project services

Contract Term: 7/1/23-6/30/27 Contract Value: \$ 200,000.00

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

Approved: Disapproved: Date: 05/11/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.05.11 08:33:55 -07'00'

Approved: Disapproved: Date: _____ By: _____

* with edits noted 5/18/23

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

Agreement # 7659

Legistar # 23-1049

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/19/2023

Need Date: 05/31/2023

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency

Dept. Contact: Alisha Bryden

Phone: X 7317

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2023.05.19 12:33:35 -07'00'

Kristen Gurrola, Program Manager

CONTRACTOR:

Name: LAKE TAHOE COMMUNITY COLLEGE

Address: 1 College Drive

South Lake Tahoe, CA 96150

Phone: _____

Org Code: 5130

Project #
(if applicable): _____

Funding Source: MHSA

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Agreement 7659 Review

Description: Agreement with Lake Tahoe Community College for TimelyCare MHSA Project

Contract Term: 07/01/2023 to 06/30/2026 + optional 1 year thru 6/30/2027 Contract Value: \$ 160,000.00

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

Approved: Disapproved: Date: 05/22/2023 By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk
Date: 2023.05.22 14:37:58 -07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hlsa-contracts@edcgov.us Thank you!

Agreement # 7661

Legistar # 23-1049

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/17/2023

Need Date: 05/29/2023

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA

Name: CASA El Dorado

Dept. Contact: Alisha Bryden

Address: 347 Main St.

Phone: X 7317

Placerville, CA 95667

Department Head Signature: Kristen Gurrola Digitally signed by Kristen Gurrola
Date: 2023.05.17 15:46:50 -07'00'

Phone: _____

Kristen Gurrola
Program Manager

Org Code: 5310

Project # _____

(if applicable): _____

Funding Source: MHSA

CONTRACTING DEPARTMENT: HHSA - BHD

Service Requested: Review new agreement

Description: Court Appointed Special Advocates

Contract Term: _____ Contract Value: _____

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

Approved: Disapproved: Date: 05/18/2023 By: Jefferson Billingsley Digitally signed by Jefferson Billingsley
Date: 2023.05.18 07:46:08 -07'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW