

4765

Agreement # AMS-336

RUSH!

NEW AGREEMENT CONTRACT ROUTING SHEET

Resubmission: 3/11/20

3/25/20

Date Prepared: 1/16/20

Need Date: 1/22/20

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: Ext. 6901
Department
Head Signature: _____
Donald Semon, Director

CONTRACTOR:

Name: Trinity County
Address: PO Box 1640
Weaverville, CA 96093
Phone: _____
Org Code: 5320

Auditor/Controller Notified Revenue Agreement

EDC COUNTY COUNSEL
2020 MAR 12 AM 11:19

CONTRACTING DEPARTMENT: HHSA - Behavioral Health Division

Service Requested: Use of El Dorado County PHF

Contract Term: Upon execution-12/31/21 Contract Value: \$25,000 per fiscal yr.

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

Approved: X Disapproved: _____ Date: 1/17/20 By: [Signature]
Approved: X Disapproved: _____ Date: 3/20/2020 By: [Signature]
See Attach sheet with comments/issues.

Risk Management: ✓ Approved _____ Disapproved _____
[Signature] 17 Jan 2020
PM 2:00 HR/RM JAN 17 '20

Human Resources: ✓ [Signature] Approved _____ Disapproved _____
Lauren Montalvo
1/17/2020

PLEASE EMAIL HHSA_CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!

EDC COUNTY COUNSEL
2020 JAN 16 PM 1:08