

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/06/2022

Need Date: 05/31/2022

PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Lisa Konyecsni

Phone: 295-6901

Department Head Signature: Kimberly McAdams, Chief Fiscal Officer

Digitally signed by Kimberly McAdams, Chief Fiscal Officer
Date: 2022.05.16 14:36:53 -07'00'
Kimberly McAdams
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Siena Skilled Nursing & Rehab. Center

Address: 11600 Education St.

Auburn, CA 95602

Phone: _____

Org Code: 5380800

Project # _____

(if applicable): N/A

Funding Source: Mental Health Realignment

CONTRACTING DEPARTMENT: HHSA - Behavioral Health

Service Requested: Review of Skilled Nursing Facility Agreement

Description: Skilled nursing and rehabilitation services

Contract Term: Upon execution - 07/01/2025

Contract Value: \$ 3,300,000.00

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

Approved:

Disapproved:

Date: 05/24/2022

By: Paula Frantz Digitally signed by Paula Frantz
Date: 2022.05.24 11:55:27 -07'00'

Approved:

Disapproved:

Date: 07/13/2022

By: Paula Frantz Digitally signed by Paula Frantz
Date: 2022.07.13 10:23:18 -07'00'

Resubmission: 6/27/22 - Please review changes on pages 6 and 8. Need by date: 7/11/22

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!