

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 8/2/19

Need Date: 8/16/19

PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Ashley Wells

Phone: X6906

Department Head Signature: [Signature]

Donald Semon, Director

CONTRACTOR:

Name: WellSpace Health

Address: 1820 J Street

Sacramento, CA 95811

Phone: 916-469-4690

Org Code: 5320

Auditor/Controller Notified N/A – Under \$100k

CONTRACTING DEPARTMENT: HHSA – Behavioral Health – Alcohol Drug Program

Service Requested: Inpatient detoxification, residential alcohol and drug treatment services, counseling services, and substance abuse testing on an "as requested" basis.

Contract Term: 11/01/19 – 06/30/21 Contract Value: \$325,000

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

Approved: X Disapproved: _____ Date: 8/7/19 By: [Signature]

Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2019 AUG -2 AM 11:21

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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