

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 12/22/2023

Need Date: 01/16/2024

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: Shamanic Living Center

Dept. Contact: Brian Michaelson

Address: 3940 Tawanka Rd

Phone: X6922

Somerset, CA 95684

Department Head Signature: Kristen Gurrola Digitally signed by Kristen Gurrola
Date: 2024.01.02 09:55:11 -08'00'

Phone: _____

Kristen Gurrola
Program Manager

Org Code: 5330

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HHSA- Behavioral Health

Service Requested: Legal Services Request

Description: Opioid Settlement Funding Out

Contract Term: execution-6/30/25 Contract Value: \$ 37,547.20

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

Approved: Disapproved: Date: 01/02/2024 By: Jefferson Billingsley Digitally signed by Jefferson Billingsley
Date: 2024.01.02 11:30:55 -08'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!