

RESUBMISSION AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 06/21/2021

Need Date: 06/21/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HSA
Dept. Contact: Ashley Wells
Phone: x6906
Department Head Signature: Nita Wracker
MBA CPA
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.06.18 13:44:24 -07'00'
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

Name: Aegis Treatment Centers, LLC
Address: 7246 Remmet Avenue
Canoga Park, CA 91303
Phone: _____
Org Code: 5330
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HSA - Behavioral Health - Substance Use Disorder Program

Service Requested: Agreement for Services

Description: DMC-ODS Services - Narcotic Treatment Program

Contract Term: 07/01/21 - 06/30/23 Contract Value: \$ 860,000.00

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

Approved: Disapproved: Date: 06/23/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2021.06.23 11:47:29
-07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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

