

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/15/2024

Need Date: 07/26/2024

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency
Dept. Contact: Kristy Fackrell
Phone: x6919
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.07.05 11:09:06 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

Name: County of _____
Address: _____
Phone: _____
Org Code: _____
Project # _____
(if applicable): _____
Funding Source: 5320

CONTRACTING DEPARTMENT: HHSA- Behavioral Health

Service Requested: Legal Review for updated Boilerplate Agreement and Updated Resolution

Description: Psychiatric Health Facility (PHF) Boilerplate Agreement needs updates to standard contract provisions. This boilerplate is for contracting with other counties for their use of EDC PHF. The Resolution will supersede 015-2022.

Contract Term: xx/xx/xx- xx/xx/xx **Contract Value:** _____

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

| | | | |
|-----------------------------------------------|---------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Approved: <input checked="" type="checkbox"/> | Disapproved: <input type="checkbox"/> | Date: <u>07/26/2024</u> | By: <u>Nicole Wright</u> <small>Digitally signed by Nicole Wright Date: 2024.07.26 15:21:59 -07'00'</small> |
| Approved: <input checked="" type="checkbox"/> | Disapproved: <input type="checkbox"/> | Date: <u>08/01/2024</u> | By: <u>Jefferson Billingsley</u> <small>Digitally signed by Jefferson Billingsley Date: 2024.08.01 16:04:08 -07'00'</small> |

with comments as noted in email.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!