

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/14/2020

Need Date: 04/27/2020

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HHSA

Name: EDCA Lifeskills, Inc

Dept. Contact: Lisa Konyecsni

Address: 893 Apring St.

Phone: 295-6901

Placerville, CA 95667

Department Head Signature: Yvonne Kollings  
Digitally signed by Yvonne Kollings  
Date: 2020.04.14 17:38:08 -07'00'

Phone: \_\_\_\_\_

Org Code: 5310

Project # \_\_\_\_\_  
(if applicable): \_\_\_\_\_

Funding Source: MHSA

**CONTRACTING DEPARTMENT:** HHSA - Behavioral Health Division

Service Requested: Senior Peer Counseling

Description: Mental Health prevention and early intervention for the senior community

Contract Term: 07/01/20 - 06/30/23 Contract Value: \$ 165,000.00

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

Approved:  Disapproved:  Date: 04/20/2020 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2020.04.23 12:19:13 -07'00'

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL FOR PICK-UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!**