

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/07/2020

Need Date: 05/14/2020

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: Ext. 6901
Department Head Signature: Yvonne Kollings
Digitally signed by Yvonne Kollings
DN: cn=Yvonne Kollings, o=HHSA,
ou=Fiscal Unit,
email=yvonne.kollings@edcgov.us, c=US
Date: 2020.05.07 09:58:58 -0700

CONTRACTOR:

Name: Stanford Sierra Youth & Families
Address: 8912 Volunteer Lane
Sacramento, CA 95826
Phone: _____
Org Code: 5310
Project # _____
(if applicable): _____
Funding Source: MHSA

CONTRACTING DEPARTMENT: HHSA - Behavioral Health Division

Service Requested: Review of new agreement

Description: Mental Health Services Act - Peer Partner Services

Contract Term: 07/01/20 - 06/30/23

Contract Value: \$ 825,000.00

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

Approved: Disapproved: Date: 05/13/2020 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2020.05.13 17:24:29
-0700

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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