

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 05/25/2023

Need Date: 06/08/2023

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: _____
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2023.05.31 16:09:46 -07'00'
Kristen Gurrola
Program Manager

CONTRACTOR:

Name: CA Dept. of Public Health
Address: 1616 Capitol Ave, Suite 74.262
Sacramento, CA 95899
Phone: _____
Org Code: 5440400
Project String (if applicable): _____

CONTRACTING DEPARTMENT: HSA - Public Health

Service Requested: Legal review of funding in agreement

Description: Youth Suicide Prevention Pilot Program

Contract Term: 6/1/23-6/30/25 Contract Value: \$1,037,037

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

Approved: Disapproved: Date: 06/01/2023 By: Daniel Vandekoolwyk
Digitally signed by Daniel Vandekoolwyk
Date: 2023.06.01 15:00:35 -07'00'
Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: N/A

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: 06/02/2023 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2023.06.02 18:01:28 -07'00'
Approved: Disapproved: Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____