

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/10/2023

Need Date: 10/24/2023

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA
Dept. Contact: Kiera Garcia
Phone: x6923
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2023.10.10 08:26:16 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

Name: CalMHSA
Address: 1215 O Street, Suite 670
Sacramento, CA 95814
Phone: _____
Org Code: 5310150
Project # _____
(if applicable): _____
Funding Source: State - Mental Health Services Act (MHSA)

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review of tri-party MOU 8134 with CalMHSA and CA Dept. of State Hospitals

Description: Purchase of State Hospital Beds for HHSA clients with acute mental health issues

Contract Term: 10/1/23-6/30/2025 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 10/10/2023 By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.10.10 12:20:04 -07'00'
Approved: Disapproved: Date: _____ By: _____

* Exhibit 1 and Exhibit 4 signed hard copies will be routed back.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW