

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/19/2022

Need Date: 06/02/2022

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: 530-295-6901
Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer
Date: 2022.05.20 13:15:24 -07'00'
Kimberly McAdams
Agency Chief Fiscal Officer

Name: Recovery in Action
Address: 484 Pleasant Valley Rd., Ste 4
Diamond Springs, CA 95619
Phone: _____
Org Code: _____
Project # _____
(if applicable): 53220
Funding Source: DMC-ODS, AM109, SABG

CONTRACTING DEPARTMENT: HHSA - Alcohol and Drug

Service Requested: Legal review of new DMC-ODS contract

Description: Drug Medi-Cal Organized Delivery System Services

Contract Term: Upon execution - 6/30/23

Contract Value: \$ 235,000.00

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

Approved: Disapproved: Date: 05/24/2022 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2022.05.24 17:19:53 -07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW