

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/16/2023

Need Date: 11/08/2023

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA
Dept. Contact: Brian Michaelson
Phone: x 6922
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2023.10.23 09:14:36 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

Name: EDSO
Address: _____
Phone: _____
Org Code: 5310
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: MOU Review

Description: Psychiatric Emergency Response Team MOU

Contract Term: 7/1/23-6/30/27 Contract Value: \$ 720,000.00

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

Approved: Disapproved: Date: 10/25/2023 By: Jefferson Billingsley
Approved: Disapproved: Date: _____ By: Jefferson Billingsley
Digitally signed by Jefferson Billingsley
Date: 2023.10.25 13:49:11 -07'00'
Digitally signed by Jefferson Billingsley
Date: 2023.10.31 14:51:44 -07'00'

There was also a question on whether this MOU needs to go to BOS for approval as it is retroactive.

* Please process for BOS approval.

** See add'l comment of 10/31/23

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW