

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/16/2021

Need Date: 07/28/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Nita Wracker
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.07.16 17:03:59 -07'00'
MBA CPA
Nita Wracker, MPA CPA
Agency Chief Fiscal Officer

Name: LocumTenen.com
Address: 2655 Northwinds Parkway
Alpharetta, CA 30009
Phone: _____
Org Code: 5320
Project # _____
(if applicable): N/A
Funding Source: DMC-ODS & SABG

CONTRACTING DEPARTMENT: HHSA - Behavioral Health

Service Requested: Review of BH agreement

Description: Provision of temporary medical practitioners

Contract Term: 9/1/21 - 8/31/26 Contract Value: \$ 1,250,000.00

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

Approved: Disapproved: Date: 07/21/2021 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2021.07.21 17:05:47
-07'00'
Approved: Disapproved: Date: 07/27/2021 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2021.07.27 14:25:29
-07'00'

Resubmitted 7/26 with need by date of 8/2 - Urgent re-review of 2 new recitals and updated scope requested. LK

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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