

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 12/30/2020

**Need Date:** 01/14/2021

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HHSA

Name: Yolo County

Dept. Contact: Lisa Konyecsni

Address: 625 Court St.

Phone: 295-6901

Woodland, CA 95695

Department Head Signature: Yvonne Kollings  
Digitally signed by Yvonne Kollings  
Date: 2020.12.30 16:37:41 -08'00'

Phone: \_\_\_\_\_

Org Code: 5320

Project # \_\_\_\_\_

(if applicable): N/A

Funding Source: N/A

**CONTRACTING DEPARTMENT:** HHSA - Behavioral Health

Service Requested: Review of Non-Financial MOU with Yolo County

Description: Terms and conditions of the Data Driven Recovery Project

Contract Term: Upon execution - 12/31/22 Contract Value: \$ 0.00

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

Approved:  Disapproved:  Date: 01/05/2021 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2021.01.05 14:00:56 -08'00'

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL FOR PICK-UP [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!**