

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/18/2021

Need Date: 12/03/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: CalMHSA

Dept. Contact: Zhana Mc Cullough

Address: P. O. Box 22967

Phone: X 7154

Sacramento, CA 95822

Department Head Signature: Nita Wracker

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.11.18 12:03:04 -08'00'

Phone: _____

MBA CPA

Org Code: 5310100

Nitra Wracker, Agency Chief Fiscal Officer

Project # _____

Health and Human Services Agency

(if applicable): _____

Funding Source: State

CONTRACTING DEPARTMENT: Health and Human Services Agency

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

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

Contract Term: 07/01/2021 - 06/30/2022 Contract Value: _____

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

Varies - depends on usage.

Approved: Disapproved: Date: 12/02/2021 By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2021.12.02 13:19:35
-08'00'

Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW