

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/12/2021

Need Date: 05/19/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HSA

Name: Wellspace Health

Dept. Contact: Ashley Wells

Address: 777 12th Street, Suite 250

Phone: x6906

Sacramento, CA 95814

Department Head Signature: Daniel A. Del Monte

Digitally signed by Daniel A. Del Monte
Date: 2021.05.12 15:15:18 -07'00'

Phone: _____

Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

Org Code: 5330

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HSA - Behavioral Health - Substance Use Disorder Program

Service Requested: Agreement for Services

Description: DMC-ODS Services

Contract Term: 07/01/21 - 06/30/23 Contract Value: \$ 975,000.00

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

Approved: Disapproved: Date: 05/20/2021 By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2021.05.20 16:52:36 -07'00'

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 Thank you!