

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 03/16/2022

**Need Date:** 03/24/2022

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HSA

Name: Sierra Child & Family Svcs

Dept. Contact: Lisa Konyecsni

Address: PO Box 1987

Phone: 295-6901

Diamond Springs, CA 95619

Department Head Signature: Kimberly McAdams, Acting CFO  
Digitally signed by Kimberly McAdams, Acting CFO  
Date: 2022.03.18 09:11:27 -07'00'

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

Kimberly McAdams,  
Acting Agency Chief Fiscal Officer

Org Code: 5310100, 5310150

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

(if applicable): N/A

Funding Source: MHBG - Supplemental

**CONTRACTING DEPARTMENT:** HSA - Behavioral Health

Service Requested: Review of new agreement

Description: First Episode Psychosis Services

Contract Term: Upon execution - 06/30/25 Contract Value: \$ 571,854.00

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

Approved:  Disapproved:  Date: 03/28/2022 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2022.03.28 15:48:34 -07'00'

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

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

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

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