

NEW AGREEMENT CONTRACT ROUTING SHEET

re submitted: ²³ 5/31/19

6/10/19
6

Date Prepared: 5/22/19

Need Date: 6/5/19

PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Lisa Konyecsni

Phone: x6901

Department Head Signature: 

Donald Semon, Director

CONTRACTOR:

Name: Psynergy Programs, Inc.

Address: 18515 Sutter Blvd., Ste 200

Morgan Hill, CA 95037

Phone: _____

Org Code: 5320

Auditor/Controller Notified N/A – Under \$100k

CONTRACTING DEPARTMENT: HHSA – Behavioral Health Division

Service Requested: Adult Residential Facility

Contract Term: 8/1/19 – 7/31/20

Contract Value: \$150,000

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

Approved: X

Disapproved: _____

Date: 5/28/19

By: 

Approved: X

Disapproved: _____

Date: 6/3/19

By: 

EL DORADO COUNTY COUNSEL
2019 MAY 24 AM 7:05

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!