

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/02/2020

Need Date: 04/24/2020

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Lisa Konyecsni
Phone: 295-6901
Department Head Signature: Yvonne Kollings

Digitally signed by Yvonne Kollings
 DN: cn=Yvonne Kollings, o=HHSA,
 ou=Fiscal Unit,
 email=yvonne.kollings@edc.gov.us, c=US
 Date: 2020.04.02 12:10:15 -0700

CONTRACTOR:

Name: Psynergy Programs, Inc.
Address: 18525 Sutter Blvd. , Suite 200
Morgan Hill, CA 95037
Phone: _____
Org Code: 5320
Project #
(if applicable): _____
Funding Source: Short-Doyle Medi-Cal/Realignment

CONTRACTING DEPARTMENT: Behavioral Health Division

Service Requested: Adult Residential Facility Services

Description: Aids the movement of mental health clients from strict facilities to a less restrictive environment

Contract Term: 07/01/20 - 06/30/23 **Contract Value:** \$ 450,000.00

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

Approved: Disapproved: Date: 04/20/2020 By: Paula Frantz
 Approved: Disapproved: Date: _____ By: _____

Digitally signed by Paula Frantz
 Date: 2020.04.23 11:57:46
 -0700

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hlsa-contracts@edc.gov.us Thank you!

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 03/12/2021

Need Date: 03/26/2021

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Lisa Konyecsni
Phone: 6901
Department Head Signature: Nita Wracker
Digitally signed by Nita Wracker
MBA CPA
Date: 2021.03.12 13:39:28
-08'00'
MBA CPA
Nita Wracker, MBA CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Psnergy Programs, Inc.
Address: 18225 Hale Ave.
Morgan Hill, CA 95037
Phone: _____
Org Code: 5320
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: Health and Human Services Agency - Behavioral Health

Service Requested: Legal review

Description: Amendment updates their address and one of the exhibits

Contract Term: 07/1/2020 - 06/30/2023 (no change) Contract Value: \$450,000 (no change)

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

Approved: Disapproved: Date: 03/18/2021 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2021.03.18 12:52:10 -07'00'
Approved: Disapproved: Date: _____ By: _____

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: Lauren Montalvo
Digitally signed by Lauren Montalvo
Date: 2021.03.23 09:21:55 -07'00'

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved: Disapproved: Date: 03/18/2021 By: Michael Andersen
Digitally signed by Michael Andersen
Date: 2021.03.18 14:48:48 -07'00'
Approved: Disapproved: Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

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