

Agreement # 5291

Legistar # N/A

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/30/2020

Need Date: 11/06/2020

## PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Ashley Wells

Phone: x6906

Department Head Signature: Yvonne Kollings

Digitally signed by Yvonne Kollings  
Date: 2020.10.29 18:07:57 -07'00'  
Yvonne Kollings, CFO

## CONTRACTOR:

Name: CA Correctional Health Care Services

Address: 8260 Longleaf Dr., Bldg. C3

Elk Grove, CA 95758

Phone: 916-691-0721

Org Code: 5320

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

(if applicable): \_\_\_\_\_

Funding Source: \_\_\_\_\_

CONTRACTING DEPARTMENT: HHSA - Behavioral Health

Service Requested: Non-Financial MOU

Description: Health Care Information Data Exchange

Contract Term: Execution - Three (3) Years Contract Value: \$ 0.00

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

Approved:  Disapproved:  Date: 11/25/2020 By: Paula Frantz

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 [hhsa-contracts@edcgov.us](mailto:hhsa-contracts@edcgov.us) Thank you!