

Agreement # 6885

Legistar # 22-1532

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/06/2022

Need Date: 10/20/2022

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Consie Mote
Phone: X 7118
Department Head Signature: Yvette Wencke
Digitally signed by Yvette Wencke
Date: 2022.10.06 10:57:19 -07'00'
Yvette Wencke, Admin Analyst Supervisor
Health and Human Services Agency

CONTRACTOR:

Name: CalMHSA
Address: P. O. Box 22967
Sacramento, CA 95822
Phone: _____
Org Code: 5310150
Project # _____
(if applicable): _____
Funding Source: MHSA

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review Retroactive participation agreement.

Description: CalMHSA to use funds from participating members to direct Statewide prevention and early intervention project campaigns, etc.

Contract Term: 07/01/2022 - 06/30/2025 Contract Value: \$ 174,758.40

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

Approved: Disapproved: Date: 10/16/2022 By: Paula Frantz
Digitally signed by Paula Frantz
Date: 2022.10.16 20:03:11
-07'00'
Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

Agreement # 6885 - Amendment # _____ Registrar # 22-1532

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 10/18/2022

Need Date: 10/18/2022

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Consie Mote
Phone: 642-7118
Department
Head Signature: _____
Yvette Wencke
Administrative Analyst Supervisor

CONTRACTOR:

Name: CalMHSA
Address: P.O. Box 22967
Sacramento, CA 95822
Phone: _____
Org Code: 5310150
Project String
(if applicable): _____

CONTRACTING DEPARTMENT: HHS

Service Requested: Risk Review of CalMHSA Agreement -
Description: CalMHSA to use funds from participating members to direct Statewide prevention and early intervention project campaigns, etc.
Contract Term: _____ Contract Value: _____

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

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

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HR APPROVAL:

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

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

Approved: Disapproved: Date: 10/18/2022 By: Michael Andersen
Approved: Disapproved: Date: _____ By: _____

Digitally signed by Michael Andersen
Date: 2022.10.18 10:02:06 -0700

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

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