

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 03/15/2021

Need Date: 03/30/2021

PROCESSING DEPARTMENT:

Department: HSA

Dept. Contact: Lisa Konyecsni

Phone: 295-6901

Department Head Signature: Nita Wracker

MBA CPA

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.03.15 15:23:05 -07'00'
Nita Wracker, MPA CPA
Agency Chief Fiscal Officer

CONTRACTOR:

Name: Sierra Child & Family Services

Address: 1352 Johnson Blvd.

South Lake Tahoe, CA 96150

Phone: _____

Org Code: 5310

Project # _____

(if applicable): N/A

Funding Source: N/A

CONTRACTING DEPARTMENT: HSA - Behavioral Health

Service Requested: Review of specialty mental health services renewal agreement

Description: Specialty mental health services renewal agreement

Contract Term: 07/01/21 - 06/30/24 Contract Value: \$ 5,344,136.00

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

Approved: Disapproved: Date: 04/06/2021 By: Paula Frantz

Approved: Disapproved: Date: _____ By: _____

Digitally signed by Paula Frantz
Date: 2021.04.06 14:10:49
-07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hhsa-contracts@edcgov.us Thank you!