

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 05/12/2021

Need Date: 05/19/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HHSA
Dept. Contact: Ashley Wells
Phone: x6906
Department Head Signature: Daniel A. Del Monte
Digitally signed by Daniel A. Del Monte
Date: 2021.05.12 15:20:12 -07'00'
Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

Name: Granite Wellness Centers
Address: 180 Sierra College Drive
Grass Valley, CA 95945
Phone: _____
Org Code: 5330
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA - Behavioral Health - Substance Use Disorder Program

Service Requested: Agreement for Services

Description: DMC-ODS Services

Contract Term: 07/01/21 - 06/30/23 Contract Value: \$ 1,644,038.00

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

Approved: Disapproved: Date: 05/20/2021 By: Paula Frantz
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Paula Frantz
Date: 2021.05.20 16:56:43 -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!