

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/05/2023

Need Date: 09/12/2023

PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Alisha Bryden

Phone: X 7317

Department Head Signature: Alisha Bryden Digitally signed by Alisha Bryden
Date: 2023.05.08 12:18:15 -07'00'

Kristen Gurrola
Program Manager

CONTRACTOR:

Name: n/a

Address: _____

Phone: _____

Org Code: 5310

Project #
(if applicable): _____

Funding Source: MHSA, Medi-Cal

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal review of State provided template

Description: Review Residential Treatment - Adult Residential Facility (ARF) Boilerplate Contract Template & Scope of Work

Contract Term: n/a Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 09/05/2023

By: Jefferson Billingsley Digitally signed by Jefferson Billingsley
Date: 2023.09.05 11:26:08 -07'00'

Approved: Disapproved: Date: 10/09/2023

By: Jefferson Billingsley Digitally signed by Jefferson Billingsley
Date: 2023.10.09 08:23:06 -07'00'

Template approved for all agreements that utilize this template with modifications only of vendor and price. Any changes to template require further CoCo approval. Please re-submit is used beyond 2024 to ensure that we encompass any changes in the law.

* With edits of 10/9/23

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW