

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 01/11/2021

Need Date: 01/28/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency
Dept. Contact: Consie Mote
Phone: 642-7118
Department Head Signature: Nita Wracker Digitally signed by Nita Wracker
Date: 2021.01.11 15:34:24 -08'00'

Name: California Psychiatric Transitions
Address: 9226 N. Hinton Avenue
Dehli, CA 95315
Phone: 209-669-3978

Org Code: 5320
Project #
(if applicable): 53TRAD2040-5341101OTP-50500-WS

Funding Source: 2011 Realignment and 1991 Realignment

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review of renewal Agreement

Description: Agreement for Residential treatment services for mental health

Contract Term: 3 years- 4/1/2021-3/31/2024

Contract Value: \$ 1,500,000.00

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

Approved: Disapproved: Date: 01/21/2021 By: Paula Frantz Digitally signed by Paula Frantz
Date: 2021.01.22 16:38:21
-08'00'
Approved: Disapproved: Date: _____ By: _____

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!