

Agreement # 5819

Legistar # TBD

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 06/28/2021

Need Date: 07/12/2021

## PROCESSING DEPARTMENT:

Department: HHSA

Dept. Contact: Lisa Konyecsni

Phone: 295-6901

Department Head Signature: Nita Wracker

MBA CPA

Digitally signed by Nita Wracker  
MBA CPA  
Date: 2021.06.25 17:27:06 -07'00'  
Nita Wracker, MPA CPA  
Agency Chief Fiscal Officer

## CONTRACTOR:

Name: CA Dept. of Health Care Services

Address: 1501 Capitol Ave, MS 4200

Sacramento, CA 95814

Phone: \_\_\_\_\_

Org Code: 5310

Project # \_\_\_\_\_

(if applicable): N/A

Funding Source: N/A

CONTRACTING DEPARTMENT: HHSA - Behavioral Health

Service Requested: Review of State, non-financial agreement

Description: DHCS Performance Agreement

Contract Term: 07/01/21 - 06/30/24 (retroactive) Contract Value: \$ 0.00

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

Approved:  Disapproved:  Date: 07/27/2021 By: Paula Frantz

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](mailto:hhsa-contracts@edcgov.us) Thank you!