

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/15/2021

Need Date: 10/29/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: HSA

Name: CalMHSA

Dept. Contact: Ashley Wells

Address: P.O. Box 22967

Phone: x6906

Sacramento, CA 95822

Department Head Signature: Nita Wracker, CPA

Phone: 888-210-2515

Digitally signed by Nita Wracker, CPA
Date: 2021.10.13 14:40:09 -07'00'

Nita Wracker, MBA, CPA
Agency Chief Fiscal Officer

Org Code: 5310

Project #
(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: HSA - Behavioral Health MSA

Service Requested: Participation Agreement

Description: Multi-County Electronic Health Record (EHR) Program

Contract Term: 07/01/21 - 05/31/22 Contract Value: \$ 50,000.00

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

Approved: Disapproved: Date: 10/18/2021 By: Paula Frantz

Digitally signed by Paula Frantz
Date: 2021.10.18 15:27:33 -07'00'

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!