Agreer	ment # <u>5863</u>
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Leg	isl	tar	#	21-1	151	8

## AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/16/2021		Need Date:	09/23/2021		
PROCESSING D	EPARTMENT	:	CONTRACT	TOR:	
Department:	HHSA Ashley Wells x6906		Name: Address:	BAART Programs, Inc. 1720 Lakepointe Drive, Suite 117	
Dept. Contact:					
Phone:				Lewisville, TX 75057	
Department Head Signature:	Nita Wracker MBA CPA	Digitally signed by Nita Wracker MBA CPA Date: 2021.09.14 15:52:15 -07'00'	Phone:	916-974-8090	x2180
5	Nita Wracker, MBA, CPA		Org Code:	5330	
	Agency Chief Fisca	l Officer	Project #		
			(if applicable	e):	
			Funding Sou	irco.	
CONTRACTING	DEPARTMEN	T: HHSA - Behavioral	•	лс <del>е</del>	
Service Requeste			r Iodiui		
•		Treatment Program Servi	ces		
Contract Term:		<u> </u>	Contract Value	\$ 400,000.0	00
-	OEL (1)4 (		-		
		oprove all contract		.04	Digitally signed by Paula Frantz
Approved: Disapproved: Disapproved:		_ Date: <u>10/01/20</u> Date:	Z I	By: Paula Frantz Digitally signed by Paula Frantz Digitally Signed	
Approved:[	Disap	proved	Date		_ by
					<del></del>
				<del></del>	
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HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP <a href="mailto:hhsa-contracts@edcgov.us">hhsa-contracts@edcgov.us</a> Thank you!