

Agreement # 6885

Legistar # 22-1532

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 10/06/2022

Need Date: 10/20/2022

### PROCESSING DEPARTMENT:

Department: Health and Human Services Agency  
Dept. Contact: Consie Mote  
Phone: X 7118  
Department Head Signature: Yvette Wencke  
Digitally signed by Yvette Wencke  
Date: 2022.10.06 10:57:19 -07'00'  
Yvette Wencke, Admin Analyst Supervisor  
Health and Human Services Agency

### CONTRACTOR:

Name: CalMHSA  
Address: P. O. Box 22967  
Sacramento, CA 95822  
Phone: \_\_\_\_\_  
Org Code: 5310150  
Project # \_\_\_\_\_  
(if applicable): \_\_\_\_\_  
Funding Source: MHSA

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review Retroactive participation agreement.

Description: CalMHSA to use funds from participating members to direct Statewide prevention and early intervention project campaigns, etc.

Contract Term: 07/01/2022 - 06/30/2025 Contract Value: \$ 174,758.40

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

Approved:  Disapproved:  Date: 10/16/2022 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2022.10.16 20:03:11  
-07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

Agreement # 6885 - Amendment # \_\_\_\_\_ Registrar # 22-1532

# REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 10/18/2022

Need Date: 10/18/2022

### PROCESSING DEPARTMENT:

Department: Health and Human Services Agency  
Dept. Contact: Consie Mote  
Phone: 642-7118  
Department  
Head Signature: \_\_\_\_\_  
Yvette Wencke  
Administrative Analyst Supervisor

### CONTRACTOR:

Name: CalMHSA  
Address: P.O. Box 22967  
Sacramento, CA 95822  
Phone: \_\_\_\_\_  
Org Code: 5310150  
Project String  
(if applicable): \_\_\_\_\_

### CONTRACTING DEPARTMENT: HHS

Service Requested: Risk Review of CalMHSA Agreement -  
Description: CalMHSA to use funds from participating members to direct Statewide prevention and early intervention project campaigns, etc.  
Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

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

Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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### HR APPROVAL:

Compliance with Human Resources requirements? Yes:  No:   
Compliance verified by: \_\_\_\_\_

### RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

Approved:  Disapproved:  Date: 10/18/2022 By: Michael Andersen  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Digitally signed by Michael Andersen  
Date: 2022.10.18 10:02:06 -0700

### OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments:  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_