

# REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: 09/01/2022

Need Date: 09/16/2022

**PROCESSING DEPARTMENT:**

Department: HSA  
Dept. Contact: Lisa Konyecsni  
Phone: 295-6901  
Department Head Signature: Kimberly McAdams, Agency Chief Fiscal Officer  
Digitally signed by Kimberly McAdams, Agency Chief Fiscal Officer  
Date: 2022.09.01 14:00:48 -07'00'  
Kimberly McAdams  
Agency Chief Fiscal Officer

**CONTRACTOR:**

Name: Advocates for Human Potential, Inc.  
Address: 490-B Boston Post Rd.  
Sudbury, MA 01776  
Phone: \_\_\_\_\_  
Org Code: 5310100  
Project String (if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HSA - Behavioral Health

Service Requested: Review of retroactive revenue agreement

Description: Behavioral Health Continuum Infrastructure Program

Contract Term: 1/3/22 -12/31/22 Contract Value: \$150,000

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

Approved:  Disapproved:  Date: 09/13/2022 By: Paula Frantz  
Digitally signed by Paula Frantz  
Date: 2022.09.13 12:48:06 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

**HR APPROVAL:** N/A

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: 09/13/2022 By: Michael Andersen  
Digitally signed by Michael Andersen  
Date: 2022.09.13 15:45:00 -07'00'  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: \_\_\_\_\_

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