

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 12/12/2022

**Need Date:** 12/27/2022

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HHSA

Name: CalMHSA

Dept. Contact: Consie Mote

Address: \_\_\_\_\_

Phone: x7118

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

Department Head Signature: Yvette Wencke Digitally signed by Yvette Wencke  
Date: 2022.12.09 08:42:51 -08'00'

Org Code: 5310100

Yvette Wencke  
Administrative Analyst Supervisor

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

(if applicable): \_\_\_\_\_

Funding Source: State

**CONTRACTING DEPARTMENT:** HHSA

Service Requested: Review and approve JPA Participation agreement- retroactive.

Description: CAL MHSA State Hospital Bed agreement

Contract Term: 7/1/2022-06/30/2023 Contract Value: \$ 1,402.00

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

Approved:  Disapproved:  Date: 12/21/2022 By: Paula Frantz Digitally signed by Paula Frantz  
Date: 2022.12.21 15:58:13 -08'00'

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

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**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!**