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	NEW AC	GREEMEN ROUTING \$		
Date Prepared:	11/1/18 11/2/18	Need Date: 11/2/18 8 18		
Dept. Contact: Phone: Department	DEPARTMENT: Health and Human Services Agency Lisa Konyecsni 6901	CONTRAC Name: Address: Phone:	1 1	
Head Signature:	Munulle III/1/8	Ora Code:	5310 & 5320	
Service Requested: <u>Specialty Mental Health Services for</u> Contract Term: <u>1/1/19 - 6/30/21</u>		Contract Valu	e: \$450,170.00	
Approved: X Approved:	SEL: (Must approve all contrac Disapproved: Disapproved:	Date:	By: <u>PTH</u> By:	
			B NOV -	

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x₆₉₀₁ FOR PICK-UP...THANKS!