

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	10122114	Need Date:	- AOAP
PROCESSING DI Department: Dept. Contact: Phone: Department	EPARTMENT: HHSA Ashley Wells X6906	CONTRACT Name: Address: Phone:	OR: CA Dept of Health Care Svcs 1500 Capitol Ave, MS 2624 Sacramento, CA 95814 916-713-8948
Head Signature:	Donald Semon, Director	Org Code:	5310
□Auditor/Controller Notified □N/A – Under \$100k			
CONTRACTING DEPARTMENT: HHSA – Behavioral Health Service Requested: MHSA Performance Agreement			
Contract Term: 07/01/18 – 06/30/21 Contract Value: \$0.00			
Approved:	EL: (Must approve all contracts Disapproved: Disapproved:	and MOU's) Date:	/25/19 By:
HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW			

PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW



Lisa Konyecsni < lisa.konyecsni@edcgov.us>

IT Approval Requested: Dept. Of Health Care Svcs, Agreement 4408

3 messages

Lisa Konyecsni < lisa.konyecsni@edcgov.us> To: Jon Henry <jon.henry@edcgov.us>

Thu, Nov 7, 2019 at 2:09 PM

Hi Mr. Henry,

I apologize that this item was not forwarded to you in FENIX. Can you please review the attached agreement with the State and let me know if you approve?

Please let me know if you have any questions. Thank you.

Regards,

Lisa

Lisa Konyecsni

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4408, All Document PDF.pdf 2118K

Jon Henry <jon.henry@edcgov.us> To: Lisa Konyecsni < lisa.konyecsni@edcgov.us> Tue, Nov 12, 2019 at 9:27 AM

Hi Lisa-

This is approved by IT. Please let me know if you have any further questions. [Quoted text hidden]

Jon Henry **Deputy Director** Information Technologies County of El Dorado 530-621-5452



Lisa Konyecsni < lisa.konyecsni@edcgov.us> To: Jon Henry <ion.henry@edcgov.us>

Tue, Nov 12, 2019 at 9:40 AM

Thank you very much. [Quoted text hidden] [Quoted text hidden]