

# AGREEMENT CONTRACT ROUTING SHEET

**Date Prepared:** 04/02/2020

**Need Date:** 04/24/2020

**PROCESSING DEPARTMENT:**

**CONTRACTOR:**

Department: HHSA  
Dept. Contact: Lisa Konyecsni  
Phone: 295-6901  
Department Head Signature: Yvonne Kollings  
Digitally signed by Yvonne Kollings  
DN: cn=Yvonne Kollings, o=HHSA,  
ou=Fiscal Unit,  
email=yvonne.kollings@edcgov.us, c=US  
Date: 2020.04.02 12:10:15 -0700

Name: Psynergy Programs, Inc.  
Address: 18525 Sutter Blvd. , Suite 200  
Morgan Hill, CA 95037

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

Org Code: 5320

Project # \_\_\_\_\_  
(if applicable): \_\_\_\_\_

Funding Source: Short-Doyle Medi-Cal/Realignment

**CONTRACTING DEPARTMENT:** Behavioral Health Division

Service Requested: Adult Residential Facility Services

Description: Aids the movement of mental health clients from strict facilities to a less restrictive environment

Contract Term: 07/01/20 - 06/30/23

Contract Value: \$ 450,000.00

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

Approved:  Disapproved:  Date: 04/20/2020 By: Paula Frantz  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_  
Digitally signed by Paula Frantz  
Date: 2020.04.23 11:57:46 -0700

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**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL FOR PICK-UP [hlsa-contracts@edcgov.us](mailto:hlsa-contracts@edcgov.us) Thank you!**